INTRODUCTION

The mission of the NYC Department of Education (DOE) Division of Early Childhood Education (DECE) is to advance a unified Birth-5 system of high-quality early childhood care and education services so that every child is able to live up to their potential. As programs plan to resume in-person care and learning in Fall 2020, we strive to provide clear, trauma-informed guidance and information for program leaders, staff and families. With that goal in mind, we have created resources and guidance to support programs in implementing the DECE Detailed Health and Safety guidance and additional state, city, and DOHMH health and safety guidance. While the DECE intends to provide as much flexibility to programs as possible to decide how services will be structured in a supportive way for staff, families, and children, the current guidelines necessitate that programs design, implement, and continually reflect on additional policies and procedures to reduce the risks of COVID-19 virus transmission in their communities.

This DECE Reopening & Safety Plan template can support you in integrating COVID-19 related requirements into your current safety plan. Please note, this Reopening & Safety Plan template is separate from the New York State Safety Plan, which all essential businesses are required to complete and have on file. You can find that required template linked here. This template is meant to support and supplement the guidance provided in the NYS Safety plan. You are not required to use or submit the DECE Reopening & Safety Plan template.

HOW TO USE THIS TEMPLATE

If you decide to use this optional template to expand your current safety plan, you will need to customize the template to meet your program’s needs. You will also need to include additional information unique to your program in order to satisfy all components of the safety plan. This template should be considered a sample and a “living” document.

The policies, procedures, and recommendations included in this template are designed to follow the current Center for Disease Control (CDC), federal, state, health and DOE school reopening guidelines. As additional guidelines are released, you should continue to amend your safety plan as needed.

To support you in this process, this template has been structured to make it clear where information provided is required, may be emerging, and can be tailored. As indicated by the table of contents, this template is divided into four primary sections: Reopening and Planning Considerations, Daily Schedule
and Routine, Health & Safety Policies and Protocol, and Implementation Templates & Resources. Each primary section is divided into content specific sections. Each content specific section is organized with labels to make it clear where content may necessitate modification.

- **Standard Requirements**: This label indicates that the information provided is related to federal, state, health and NYCDOE school requirements that were in place prior to this emerging health crisis, and continue to remain in place. This section will remind you of protocols and practices that should already be developed and in use by your program. This type of information is unlikely to change often or require frequent programmatic modifications.

- **COVID-19 Related Guidance**: This label indicates that the information provided follows current Center for Disease Control (CDC), federal, state, health and/or NYCDOE school guidance related to COVID-19, as of the date of the release of this template. As new information about COVID-19 becomes available, this information may be subject to change and your program should review the “see here for emerging guidance” section to ensure your program is up-to-date on current requirements. This information may require frequent programmatic modifications.

- **Program-Specific Recommendations**: This label indicates that the information provided offers suggestions regarding ways a program may approach its response to the COVID-19 Related Guidance. Your program may choose to implement these suggestions, develop your own unique response, or modify your existing response, to better fit your program needs. This information may necessitate additional programmatic modifications.

- **Implementation Example**: This label indicates an example of one of many ways that a program may choose to implement the program-specific recommendations. Implementation Templates are provided in the “Resource and Templates” section and can be easily modified to fit your program’s needs or completed as is. This information may prompt additional programmatic modifications.

Please note that not every content-specific section contains every label listed above. Instead, these are meant as general markers to help guide you in interpreting the information provided in this template.

**PRIORITIES FOR REDUCING THE RISK OF TRANSMISSION**

This template was designed with specific priorities in mind that have been shown to be the most effective ways to reduce the risk of transmission of COVID-19.

- **Physical Distancing**: Adults should maintain a physical distance of six feet from each other, whenever possible.
- **Grouping/Cohorts**: Children and staff should exhibit minimal mixing outside of their groupings, and children should remain in the same classroom as much as possible.
- **Protective Equipment**: While programs can encourage staff to bring and use their own reusable face coverings, they must provide staff with an acceptable face covering at no cost if requested,
and have an adequate supply of coverings to provide as-needed. **Additional information is forthcoming on use of face coverings by children.**

- **Health Screening & Staying Home When Ill:** Daily health screens must be conducted for both children and staff upon arrival on site or remotely. Furthermore, staff and children must be sent home or told to stay home if exhibiting any symptoms related to COVID-19, and be encouraged to consider seeking testing before returning. If tests are unavailable or staff and children elect not to get tested, they should seek to self-quarantine where appropriate.

- **Increased Hygiene and Cleaning:** Increased hand washing must be practiced and hand sanitizers with at least 60% alcohol must be available. Programs must also adhere to hygiene and sanitation requirements from the CDC and Department of Health (DOH) and maintain cleaning logs on site that document date, time, and scope of cleaning.

### PROGRAMMATIC EXPECTATIONS

This template was designed with programmatic expectations about your program’s readiness and program model. Those expectations include:

- Your program will be able to successfully complete all NYCDOE and licensing requirements, as well as any other CDC, state, and federal requirements prior to reopening. Please see the below reopening requirements:
  - Carefully review the [DECE Fall 2020 Staffing Readiness Planning Tool](#), and complete the **required follow-up survey** (deadline was August 7; programs should complete as soon as possible)
  - Carefully review the [DECE Fall 2020 Program Readiness Checklist](#); a DECE readiness staff member will reach out to walk through this checklist with your program this summer
  - Train your staff in the [NYS Department of Health June 2020 guidance](#) and complete an affirmation online
  - Complete and post the [NYS Department of Health Business Reopening Safety Plan](#)

- In order to continue to receive payment from the DOE for contracted services, all programs must provide some level of in-person learning services in their DOE-funded classrooms in the fall. Any requests for exemptions from this policy must be submitted through [this survey](#).

- **Current group size and ratio requirements for in-person classes must follow:**

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

- Programs must have a contingency plan to maintain continuity of learning in case individual children, classrooms, or the entire program needs to switch to an alternate learning model for a
period of time. Programs must be prepared to quickly support children and staff with access to tools and materials for remote learning, including technology and learning materials such as books, drawing materials, and manipulatives.
[INSERT PROGRAM NAME HERE]

2020-2021 REOPENING & SAFETY PLAN
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I. GLOSSARY

The following is a non-exhaustive list of common terms related to COVID-19, as well as program model and enrollment concepts related to increased health and safety measures as a result of COVID-19.

COVID-19 Terms:

● SARS-CoV-2: *(pronounced sars-co-vee-tu)* - Severe acute respiratory syndrome coronavirus 2 is the virus that causes the coronavirus disease COVID-19 *(WHO)*.

● COVID-19: The coronavirus disease caused by the SARS-CoV-2 virus *(WHO)*.

● COVID-19 Symptom: People with COVID-19 have displayed a wide range of symptoms. People with these symptoms may have COVID-19: Fever or chills, cough, shortness of breath or difficulty breathing, fatigue, muscle or body aches, headache, new loss of taste or smell, sore throat, congestion or runny nose, nausea or vomiting and diarrhea *(CDC)*.

● COVID-19 High Risk Category: All persons are at risk of getting COVID-19, but certain groups are at higher risk of becoming severely ill because of it, including older persons and persons with underlying medical conditions including: chronic kidney disease, COPD (chronic obstructive pulmonary disease), immunocompromised state (weakened immune system), obesity (body mass index [BMI] of 30 or higher), serious heart conditions, such as heart failure, coronary artery disease, or cardiomyopathies, sickle cell disease, type 2 diabetes mellitus and other medical conditions may also constitute an increased risk and research is continuous *(CDC)*.

● Close Contact: Contact with an infected person within 6 feet for at least 10 minutes.

● Symptomatic: Refers to individuals exhibiting one or more symptoms of COVID-19.

● Asymptomatic: Refers to individuals infected, or believed to be infected, with SARS-CoV-2 but not displaying symptoms of COVID-19.

● Quarantine: Quarantine is used to keep someone who might have been exposed to COVID-19 away from others *(CDC)*.

● Isolation: Isolation is used to separate people infected with the virus away from people who are not infected. Isolation is implemented if an individual has been diagnosed with COVID-19, is awaiting test results, or has cough, fever, shortness of breath, or other symptoms related to COVID-19 *(CDC)*.

● Fever: When an individual has a body temperature of 100.0 degrees Fahrenheit (37.7 degrees Celsius) or higher *(DOE guidance)*, as per any temperature-screening devices, including an infrared thermometer.

● Personal Protective Equipment (PPE): Typically refers to protective clothing, helmets, gloves, face shields, goggles, face coverings and/or respirators or other equipment designed to protect the wearer from the spread of infection or illness *(FDA)*. In this document it also refers to items
individuals may use to protect themselves or others from the spread of COVID-19 including personal hand sanitizer bottles and barriers made of flame-retardant polycarbonate (light transmitting) plastics shields.

- **Contact Tracing:** Activities that involve working with a patient (symptomatic and asymptomatic) who has been diagnosed with an infectious disease to identify and provide support to people who may have been infected through exposure to the patient. This process intends to prevent further transmission of disease by separating people who have (or may have) an infectious disease from people who do not (CDC).

### Program Model and Scheduling Concepts:

- **Blended Learning:** A combination of in-person and remote instruction to create an educational experience where each mode of learning supports the other.

- **Grouping:** The process of keeping children in small and stable groups throughout the day without mixing populations such that if transmission takes place within one group, the risk of transmission to other groups is significantly reduced.

- **Cohort:** Children are separated into grouping (A or B) where the grouping alternates between in-person and remote instruction on different days to accommodate classroom layouts that afford social distancing practices. Staff may or may not also follow the same schedule or be assigned to the same teaching teams.

- **Screening Areas:** An area where staff and families are able to line up while maintaining 6 feet of distance before being cleared for their daily health check, either completed onsite or remotely. The screening area should not be public or at a high-traffic reception area. A private space near the program entrance is strongly recommended.

- **Health Check:** All staff and children, and any other building visitors, must complete and submit a daily health check which includes a questionnaire and may include temperature screening. Health checks must be completed and submitted prior to being admitted into the classroom.

- **Follow-up Zone:** Staff and children who have missing or incomplete health checks should move to a detour space and remain 6 feet from each other as they await next steps.

- **Isolation Area:** A designated, private, isolated area where children displaying symptoms of COVID-19 will wait to be picked up by their guardian. A staff member will monitor this area any time a child is present. The Isolation Area will be cleaned and disinfected after a child leaves the area.

## II. REOPENING AND PLANNING CONSIDERATIONS

The below includes areas that should be given special consideration when developing a reopening plan and assessing your program’s readiness. These considerations include:

A. Assigning Health Monitors
B. Materials Distribution
C. Signs and Directional Markers
D. Physical Layout Guidance
E. Required Documentation
A. ASSIGNING HEALTH MONITORS

- **COVID-19 Related Guidance:** Assigning health monitor(s) ahead of time affords clarity of roles, responsibilities, and expectations prior to an emergency situation. Programs may designate health monitors within their current staff to also assist with the following:
  - Creating and executing health plans
  - Training staff on health and safety plans
  - Conducting health screenings and monitoring for daily health and safety, tracking all people entering the facility, and ensuring ongoing PPE requirements are implemented
  - Making decisions related to COVID-19, such as supervision of symptomatic students who are waiting to be picked up
  - Ensuring required guidelines for cleaning and disinfection are carried out daily
  - These responsibilities can be combined with existing administrative duties

**Visit the Following Sites for Emerging Guidance:** [DOE Early Childhood Summer/Fall 2020 Readiness Page](#) & [NYSED.gov COVID-19](#) Reopening School Guidance

- **Program-Specific Recommendations:** Program leadership should proactively communicate health monitor assignments and responsibilities to your staff, so your staff understands who to go to in case issues arise. Additionally, developing clear internal communication structures (e.g., morning huddle, group text, debriefs) among your health monitors throughout the day will help to ensure every health monitor has the necessary information to complete their duties appropriately.

- **Implementation Example:** Please see the “Implementation Templates and Resources” section to find the “Implementation Template: Health Monitor Assignments” below for program use.
B. MATERIALS DISTRIBUTION

- **Standard Requirements:** The appropriate quantity and quality of furniture and equipment in classrooms should provide a learning environment that is child-centered to support children’s learning and development across domains. Furthermore, furniture in the classroom should support children’s growing independence in meeting their routine care needs and in conducting their daily activities.

  Programs must provide adequate instructional materials to implement your program curriculum and to enable children to select from a range of developmentally appropriate activities during center time.
Materials must be plentiful enough to allow children to play cooperatively without competing over resources. Instructional materials must be complete, intact and in good condition for children’s use.

See the “Classroom Furniture and Instructional Materials” section in the Pre-K and 3-K for All Handbook for more information.

- **COVID-19 Related Guidance**: Programs are encouraged to remove toys and materials that are not able to be easily disinfected (e.g., soft toys and materials like soft dolls, dress-up clothes, puppets, pillows, etc) and put new practices in to place to limit the amount of shared materials in the class, such as:
  - Labeling and storing children’s belongings individually
  - Rotating the toys that are out at any one particular time so that they can be adequately cleaned and sanitized
  - Supervising plastic or play foods, play dishes and utensils to prevent shared mouthing of these toys
  - Limiting shared materials in outdoor play or gross motor between stable groups
  - Setting aside toys that need to be cleaned in a separate container called “soiled toys” to be cleaned with soapy water (see Cleanliness & Disinfecting section)
  - Providing individual “kits” of toys that are consistently used by only one child

**Personal Protective Equipment (PPE)**

Programs are also required to provide staff with an acceptable face covering at no cost to staff and have an adequate supply of coverings to provide as-needed. Individual face coverings may not be shared among staff. Your program should consider what additional PPE materials will be necessary outside of, or in addition to, centrally DECE provided PPE materials for safe operations and ensure a constant supply of those materials are available at your site.

In addition to these PPE-related materials, you should also consider creating the following:

- Printed Daily Health Screening Questionnaire - *may occur digitally to reduce contact*
- Digital Staff & Family Daily Sign-in Log
- Signage to Orient Families/Visitors and Maintain Social Distancing - see "Sign and Directional Markers" section

**Visit the Following Sites for Emerging Guidance**: DOE Early Childhood Summer/Fall 2020 Readiness Page & CDC Supplemental Guidance for Child Care

- **Implementation Example**: Please see the “Implementation Templates and Resources” section to find the “Implementation Template: Materials Distribution” below for program use. You may also consider using Excel or Google sheets to automate any calculations.
C. SIGNS AND DIRECTIONAL MARKERS

- **Standard Requirements**: Signage should be used to reinforce safety protocols. Required signage includes:
  - A floor plan posted in the lobby showing the location of all fire exits.
  - An egress plan posted in each classroom and hallway showing both paths to safe egress.
  - Clear and illuminated exit signs at all exits.

Signage can also be a powerful reinforcement of your family engagement practices. For example, you can display signs that welcome and honor families.

See the “General Facility Safety” and “Strong Family-Community Ties” sections in the [Pre-K and 3-K for All Handbook](#) for more information.
COVID-19 Related Guidance: Signage reinforcing best practices involved with reducing transmission of COVID-19 and should be posted throughout the program, particularly in high-traffic areas such as the main entrance and restrooms. Assess how signage and social distancing markers would be helpful in your program layout.

Visit the Following Sites for Emerging Guidance: DOE Early Childhood Summer/Fall 2020 Readiness Page, CDC Print Resources, & DOHMH Posters and Flyers

Program-Specific Recommendations: Signage should also be leveraged to reinforce program-specific systems in common spaces. For example, using colored tape on the playground and throughout the building, marking six feet to remind adults how much space they should maintain at all times may be particularly helpful. Consider the layout of your facility, and plan where signage and markers would be most appropriately leveraged.

The above links provide signage from the CDC and DOHMH, however programs are encouraged to create signage relevant and specific to your program needs, such as protocols for visitors.

Implementation Example: Please see the “Implementation Templates and Resources” section to find the “Implementation Template: Signs and Directional Markers” below for program-use.
**D. PHYSICAL LAYOUT GUIDANCE**

- **Standard Requirements:** The indoor space at your program must be safe for children and provide a high-quality, comfortable learning environment. It is required that you comply with all applicable facilities requirements of your licensing agency (e.g., DOHMH), the NYC Building Code, NYC Fire Code, your contract, and all other applicable city, state, and federal regulations.

  See the “Facility and Materials” section in the Pre-K and 3-K for All Handbook for more information.

- **COVID-19 Related Guidance:** Your program should consider the physical layout of your site to ensure six feet of spacing is maintained to the maximum extent possible and all spaces are organized to facilitate such spacing. Considerations include:
  - Limit gathering in small spaces (e.g., elevators, supply closets, kitchens, or restrooms) to no more than one staff member at a time, unless six feet of spacing is able to be maintained by all staff using the space and individuals are wearing a face covering. However, even with face coverings in use, occupancy must never exceed 50% of the maximum capacity of the space, unless it is designed for use by a single occupant.
  - Converting space in the facility to serve as one or more smaller classrooms (e.g. cafeterias, gymnasiums, multipurpose rooms) to maximize the number of children that can be accommodated onsite in small, stable groupings.
However, licensed child care programs should consult with their DOHMH Sanitarian prior to changing the use of space in the building and ensure that all space used for childcare is listed on their permit.

Visit the Following Sites for Emerging Guidance: [DOE Early Childhood Summer/Fall 2020 Readiness Page](#), [DOHMH Child Care-Information for Operators](#), & [NYC Buildings](#)

**Program-Specific Recommendations:** Other best practices are included below, however, you should consider the guidance that aligns to your program structure and physical layout.

<table>
<thead>
<tr>
<th>Area</th>
<th>Physical Layout Guidance</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>Classrooms</strong></td>
<td>- Six feet distance apart for chairs/desks and for staff whenever possible  &lt;br&gt;- Set up all classrooms to determine realistic capacities per room for the purposes of scheduling and consider maximum capacities per room based on current DOHMH guidelines and staffing availability  &lt;br&gt;- Excess and unnecessary furniture should be removed from classroom spaces to allow teachers and children to maximize distance between each other as they move around the classroom.  &lt;br&gt;- Windows should be opened when safely possible to increase ventilation  &lt;br&gt;- Ventilation systems should be assessed to determine if improvements are necessary  &lt;br&gt;- Modify circle time and other similar classroom activities so that children can spread out  &lt;br&gt;- During nap, have children positioned to rest 6 feet apart where possible and always head-to-toe  &lt;br&gt;- Additional non-porous barriers may be needed to prevent contact between groups of children  &lt;br&gt;- Materials and supplies should not be shared between small, stable groups of children</td>
</tr>
<tr>
<td><strong>Offices and Common Areas</strong></td>
<td>- Six feet distance apart between all seating and high-usage areas is required  &lt;br&gt;- Remove excess chairs to more clearly indicate maximum capacity  &lt;br&gt;- Consider instituting maximum capacities per office based on maximum functional layouts  &lt;br&gt;- Signage and available supplies should encourage staff to sanitize common hardware (copier, microwave, refrigerator, faucet) after each use  &lt;br&gt;- Windows should be opened when safely possible to increase ventilation  &lt;br&gt;- Modify the use of work areas for non-classroom staff and break spaces, so that individuals are at least six feet apart in all directions (e.g. side-to-side and when facing one another) and are not sharing work areas without cleaning and disinfection between use</td>
</tr>
<tr>
<td></td>
<td>- Measure hallway width to determine feasibility of maintaining 6-foot distancing between two-way traffic; plan foot traffic to flow all in one direction wherever possible</td>
</tr>
</tbody>
</table>
| Hallways | ● Floor markings to maintain six-foot distancing between individuals of same-direction traffic  
  ● Stagger hallway movements and differ classroom schedules to stagger movement to maximize one-way traffic and long lines with six feet between children  
  ● Attempt to restrict bathroom and hallway pass time to specific windows when classes are not transitioning |
| --- | --- |
| Exits | ● Designate separate entrances and exits into and out of the program to keep all foot traffic flowing in the same direction, if possible.  
  ● Ensure six feet of spacing is maintained during parent arrival and drop off procedures |
| Restrooms | ● Institute maximum capacities per restroom  
  ● Floor markings to maintain six-foot distancing between individuals waiting to use the restroom  
  ● Prop doors open to avoid touching of handles where possible  
  ● Windows should be opened when safely possible to increase ventilation  
  ● All handwashing sinks must be in a state of good repair |
| Reception Area | ● A flame-retardant polycarbonate (light transmitting) plastic barrier or other barriers should be strongly considered that protects office staff and guests who are standing or sitting nearby  
  ● Other PPE materials, such as hand sanitizer and wipes, should be readily available |
| Screening Area | ● Designate a nearby “Health Screening Zone” to direct families and children for their daily health screening  
  ● Use a space that permits six-feet spacing from stations and between individuals waiting in line to be screened  
  ● Moveable flame-retardant polycarbonate (light transmitting) plastic shields should be considered for each screening station  
  ● Create distance and directional markers, using colored tape and/or signs, inside and outside of the program as needed to support physical distancing. These markers are especially important in areas where individuals will wait to receive their health checks, such as sidewalks and hallways |
| Short-Term “Follow-up Zone” | ● Staff and children who have the following issues should move to a detour space and remain six feet from each other as they await next steps:  
  ● Missing or incomplete health screening - Staff and families should complete the screening questionnaire or temperature check in person if not completed online or completed in advance  
  ● Health screening indicating child is at risk (such as indicating “yes” to any of the health screening questions) - Staff and families should be followed-up with for more information  
  ● Temperature at or just above 100.0 degrees F on preliminary screening - Wait 5 minutes to be rescanned, as indicated by the instruction when using a non-contact temperature assessment. |
Clearly symptomatic (i.e. visibly ill or temperature well over 100.0 degrees F) staff or children should go straight home

Isolation Area
- Identify a private, enclosed area for isolating anyone who becomes ill while onsite
- This space should ideally not hold another purpose because the space and materials inside need to be disinfected after every symptomatic person departs from it
- A program staff member should monitor this space if and when a symptomatic child is present
- Programs must maintain a supply of medical and emergency equipment and supplies in the designated isolation space, including go bags/kits and appropriate personal protective equipment (PPE)—N95 respirators, gloves, gowns, and face shields or goggles

General Facilities
- Flush all faucets for at least 10 minutes 5 to 10 days prior to reopening or after any prolonged closure. Flush cold water from all outlets first, and then flush hot water
- Ensure ventilation systems operate properly and increase circulation of outdoor air as much as possible, for example, by opening windows and doors
- Do not open windows and doors if doing so poses a safety or health risk (e.g., risk of falling, triggering asthma symptoms) to children using the facility
- If a school’s ventilation system fails, consult with local health officials about the possible need for program closure

Co-located Spaces
- Work with your building emergency readiness team to:
- Ensure all groups using the facility are following shared health and safety guidelines (e.g. use of face coverings; cleaning and disinfection responsibilities)
- Limit the number of shared spaces in the building
- Minimize the number of people in the building when the child care program is open

E. REQUIRED DOCUMENTATION

- **Standard Requirements:** Maintaining accurate, complete, and secure documentation is a core function to ensuring the health and safety of the school community. Programs are responsible for updating and ensuring accuracy of child and staff documentation, securing all required documents, and ensuring all new children and staff have complete documentation prior to the start of the school year.

  See the “Student Health” and “Staff Qualification” sections in the [Pre-K and 3-K for All Handbook](#) for more information.

- **Program-Specific Recommendation:** You can assist families and staff by providing them with clear and proactive information for completing and submitting documents. Helpful communication can include:
  - Timeline for document submission
● Calendar invitations or visuals as helpful reminders
● Exact forms they need to complete or information about where they can get them
● Community partners who can help families and staff complete these forms
● Contact information of program staff or local authority who can answer their questions about these requirements or support them in filling out the documents

F. CHILD DOCUMENTATION

● Standard Requirements: Every child must have the following before resuming in-person learning:
  - Current medical form (within 12 months of the date of re-entry)
  - Proof of completed immunizations, based on the age. Children must meet at least the provisional requirements (1 dose from each series) to begin on-site services, and continue to obtain vaccinations based on the “catch-up” schedule
  - Families must give written consent for program staff to act and obtain appropriate health care in the event of an emergency. If applicable, families should provide an individualized health care plan indicating specific emergency medications (i.e., an epinephrine auto-injector, asthma inhaler and/or nebulizer) to be administered for the child.
  - Programs must confirm that they have an up-to-date Emergency Contact Card (“blue card”) for each family that includes: At least 2 emergency contacts, approved escorts, home language and health related information

  If applicable: children must have an Allergy Response Plan identifying their allergy(ies) and detailing the steps that need to be taken.

  See the “Student Health” section in the Pre-K and 3-K for All Handbook for more information.

● COVID-19 Related Guidance: As per the CDC, stay-at-home and shelter-in-place orders have resulted in declines in outpatient pediatric visits and fewer vaccine doses being administered, leaving children at risk for vaccine-preventable diseases. As states develop plans for reopening, healthcare providers are being encouraged to work with families to keep or bring children up to date with their vaccinations.

  Visit the Following Sites for Emerging Guidance: DOE Early Childhood Summer/Fall 2020 Readiness Page & NYSED.gov COVID-19 Reopening School Guidance

● Program-Specific Recommendation: There are city resources that can support families in bringing their child’s vaccinations up-to-date. Programs are encouraged to do additional research to identify other local resources for families.

  Additionally, proactive communications with families and a clear tracking system are critical to maintaining accurate and complete documentation. The table below may serve as a process guide.
- **Implementation Example:** Please see the “Implementation Templates and Resources” section to find the “Implementation Template: Child Documentation Management” provided for program use.

### G. STAFF DOCUMENTATION

- **Standard Requirements:** Programs must have the following documentation on-site for all staff:
  - A primary contact number and two emergency contacts;
  - Current medical form; and
  - Evidence of training in child abuse and maltreatment identification, reporting and prevention.
  - Article 47 providers and Group Family Day Cares must complete the Comprehensive Background Checks (CBC) prior to beginning to work.
  - DOE fingerprinting is required but is now by appointment only.
    - If staff have existing prints in the PETS system, programs must reach out to [earlychildhoodpolicy@schools.nyc.gov](mailto:earlychildhoodpolicy@schools.nyc.gov) for support prior to onboarding this individual.
Evidence of appropriate security clearances must be available upon request from DOE, DOH and the New York State Office of Children and Family Services (OCFS).

See the “Staff Qualification” section in the **Pre-K and 3-K for All Handbook** for more information.

- **COVID-19 Related Guidance:**

  **NYS Emergency COVID-19 Teaching Certificate**
  Candidates who have completed all requirements for their NYS teaching certificate, other than the exam requirement(s), on or before September 1, 2020, may apply for a one-year Emergency COVID-19 certificate from the NYS Education Department (NYSED). 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 one-year Emergency COVID-19 certificate, they will be eligible to transition to new certification (e.g. initial certification).

  For more information about this certificate and application process, please visit NYSED’s website linked below. For further clarification and support in this application process, please reach out to the Early Childhood Policy Team at earlychildhoodpolicy@schools.nyc.gov.

  **Visit the Following Sites for Emerging Guidance:** [DOE Early Childhood Summer/Fall 2020 Readiness Page](#), [NYSED.gov](#)

- **Program-Specific Recommendation:** Formulating proactive communications protocols for staff and developing a clear tracking system is necessary to maintain accurate and complete staff documentation. The table below may serve as a process guide.

- **Implementation Example:** Please see the “Implementation Templates and Resources” section to find the “Implementation Template: Staff Documentation Management” below for program use.
### H. STAFF TRAINING

**Standard Requirements:** Programs are responsible for arranging, providing (if necessary), and verifying required in-service training for all of your program staff. The NYC Department of Health and Mental Hygiene (DOHMH) training requirements for Article 43 and Article 47 programs include:

- CPR and First Aid
- Child Abuse and Maltreatment Identification, Reporting, and Prevention
- Safety Plan & Emergency Procedures
- OSHA Blood-borne Pathogen
- Food Protection Certification
- Epinephrine Auto-injector Training
- SIDS/safe sleep/ shaken baby
- Infection Control and Reporting Infectious Diseases
- Medication Administration Training

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<table>
<thead>
<tr>
<th>Responsibility</th>
<th>Responsibility Details</th>
<th>Follow-up Response</th>
<th>Frequency</th>
</tr>
</thead>
</table>
| Reviewing returning staff documentation for expired documentation | S. Taveras | 1. Follow up with staff in writing and over the phone with a list of incomplete or expiring documentation and available resources to bring their requirements up-to-date. **They will not be able to provide services without submitting the required documentation.**  
2. Once documentation is submitted, make a copy and return the original to the staff  
3. Record submission of document in tracking system  
4. If applicable, upload document to online portal  
5. Ensure that the hard copy is entered in staff's folder in a secure and confidential manner | June-August 31 - ongoing until child health records up-to-date |
| Collecting and tracking required documentation for newly hired staff | M. Barrera | 1. Follow up with staff in writing and over the phone with a list of incomplete documentation and available resources to bring their requirements up-to-date. **They will not be able to provide services without submitting the required documentation.**  
2. Once documentation is submitted, make a copy and return the original to the staff  
3. Record submission of document in tracking system  
4. If applicable, upload document to online portal  
5. Ensure that the hard copy is entered in staff's folder in a secure and confidential manner | Prior to any new staff starting |
● All Staff Bi-Annual Training

See the “Health and Safety Training Mandated by Licensing Agency” section in the **Pre-K and 3-K for All Handbook** for more information.

● **COVID-19 Related Guidance:** The multitude of new policies and procedures creates a need to train or retrain staff on safety protocols, in addition to mandated training requirements that currently exist for all early childcare programs. Relevant training must take place prior to the return of children to ensure the safety of the entire school community.

Visit the Following Sites for Emerging Guidance: [DOE Early Childhood Summer/Fall 2020 Readiness Page](https://www.doe.nyc.gov) & [NYSED.gov COVID-19](https://www.nysed.gov)

● **Program-Specific Recommendation:** Developing a training schedule with a list of training based on current requirements, recommendations in this plan, and other potentially related updates will ensure that staff are knowledgeable on program-specific protocols and meeting all requirements. Before resuming onsite services, programs should provide in-depth staff training on all safety plans and emergency plans.

● **Implementation Example:** Please see the “Implementation Templates and Resources” section to find the “Implementation Template: Staff Training Schedule” provided for program use.
I. SPECIAL POPULATIONS

- **Standard Requirements**: Section 504 of The Rehabilitation Act of 1973 protects children with disabilities against discrimination by requiring publicly funded early childhood programs to provide eligible children reasonable and appropriate accommodations so they may participate fully in school. All contracted programs are expected to provide services to all eligible children and families currently enrolled in their DOE-funded classes. No children or families should be dropped from program rosters.

See the [DOE’s Chancellor’s Regulation A-710](#) for more information.

- **COVID-19 Related Guidance**: There are specific populations of staff and children who may require special accommodations and planning, particularly those with specific health risk factors and children with mandated special services. According to the [CDC](#), persons of any age with the following medical conditions are at increased risk of severe illness from COVID-19: Chronic kidney disease, COPD (chronic obstructive pulmonary disease), immunocompromised state (weakened immune system), obesity (body mass index [BMI] of 30 or higher), serious heart conditions (e.g., heart failure, coronary artery disease, or cardiomyopathies), sickle cell disease, type 2 diabetes mellitus and other medical conditions may also constitute an increased risk. Programs should consult HR policies and other regulations when considering special accommodations for staff.
Additionally, children with IEPs or IFSPs may require in-person specialized instruction or services during the program day by related service providers, special education itinerant teachers (SEITs) or Early Intervention (EI) providers. During this time, related service providers, SEITs, and EI providers may provide in-person services at any sites authorized to open. **You are encouraged to allow these providers in your site, provided they follow all appropriate health and safety guidelines, including maintaining social distance.** Providers must adhere to regular background clearance expectations. In addition, you are encouraged to communicate your site’s health precautions to all providers upon entry.


<table>
<thead>
<tr>
<th>Special Population</th>
<th>COVID-19 Related Special Accommodations</th>
</tr>
</thead>
<tbody>
<tr>
<td>Children with Pre-Existing Medical Conditions</td>
<td>• Provide remote learning services as a family option.</td>
</tr>
<tr>
<td></td>
<td>• Must have access to devices and the internet</td>
</tr>
<tr>
<td>Children with IEPs or IFSPs Receiving Related Services</td>
<td>• Must have access to devices and the internet, if the child is engaging in remote learning</td>
</tr>
<tr>
<td></td>
<td>• Must receive services as recommended on their IEPs and IFSPs, either through teletherapy or in-person services, depending on parents’ preference and applicable health and safety considerations</td>
</tr>
<tr>
<td></td>
<td>• Teletherapy will continue for parents who wish to remain remote</td>
</tr>
<tr>
<td></td>
<td>• Special Education Itinerant Teachers (SEITs) services and related services can be provided at childcare locations in alignment with health and safety regulations</td>
</tr>
<tr>
<td>Staff with Pre-Existing Medical Conditions</td>
<td>• May be granted accommodations to work remotely, in compliance with program personnel policies and city, state, and federal requirements, if applicable.</td>
</tr>
<tr>
<td></td>
<td>• May provide remote learning services to children across multiple age groups.</td>
</tr>
<tr>
<td></td>
<td>• Should have access to devices and the internet to perform their responsibilities</td>
</tr>
</tbody>
</table>

**Program-Specific Recommendation:** Programs are encouraged to have proactive conversations with staff and families. Programs may consider an additional health screening questionnaire to gather updated information about the above conditions from their staff and children to ensure special accommodations are put in place prior to reopening. Programs are also encouraged to discuss staff issues with their board or counsel, if applicable and appropriate.

### J. GROUPING & COHORTS
**COVID-19 Related Guidance:** One of the important tenets of reducing the risk of transmission is grouping, where children spend as much time as possible with the same small group of children throughout the day. Different groupings should avoid coming into contact with each other during their time on-site. For the most part, there is not an expectation that young children will maintain physical distancing within their stable groups. However, during certain activities (e.g. meals, naptime), NYS health requirements mandate more physical space between children.

**Cohorts:**
In addition to grouping, children should have consistency in their teachers, such as a primary caregiver who is regularly assigned to the same groups of children, through cohorts. Additionally, in alignment with the [NYS OCFS June 2020 guidance](#), maximum group size in DOE-funded classrooms must follow the chart below. Two staff members are required in each classroom. Classrooms that typically have more than two staff may continue to do so, as long as physical distancing between adults can be maintained in the classroom space.

**Visit the Following Sites for Emerging Guidance:** [DOE Early Childhood Summer/Fall 2020 Readiness Page](#) & [NYSED.gov COVID-19 Reopening School Guidance](#)

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

**Program-Specific Recommendations:** The following guidance supports grouping and cohort practices:
- Schedules should be designed to keep staff in the same room as much as possible. For example, to cover staff breaks, ensure that the same person is providing coverage each day, and that they only provide this support for a maximum of two classrooms, to the greatest extent possible
- Reduce the frequency of movement by scheduling required transitions
- Limit the number of classrooms that are supported by any single staff member, including non-lead teachers
- Ask a consistent parent volunteer to support covering the same breaks, when possible, to reduce movement of adults between groupings
- Consider if instruction from enrichment teachers who support multiple classes with activities such as art, music, yoga, etc. can be delivered as part of your program’s remote learning plan
- Separate gross motor play time allotted for all age groups (infants, toddlers, and preschoolers) and classrooms
K. DESIGNING A CLASS SCHEDULE

- **Standard Requirements**: Programs are responsible for ensuring a safe learning environment that supports positive experiences for your children, families, and program staff. Required staff-to-child ratios must always be maintained to ensure there are enough staff members present to provide line of sight supervision of all children. Program directors should train staff on how to appropriately supervise students.

  See the “Program Staffing and Class Management” section in the 3-K & Pre-K for All Policy Handbook for more information.

- **COVID-19 Related Guidance**: Before you begin creating your program’s class schedules, you will need to:
  - Assess each family’s preference and needs for in-person, online, or blended learning. The following Family Schedule Needs Sample Survey template can guide you in that effort.
  - Consider how special accommodations for staff and children may impact your planning.
  - Review state, city, and licensing requirements staff-child ratio requirements and your program’s facility and permitted capacity for each classroom/space.
  - Assess your staff capacity and determine whether you will need to hire additional staff or make necessary scheduling adjustments.
  - Assign children to full-time in-person, blended, or fully-remote learning models using guidance provided by DECE available here.
  - Plan staggered arrival/drop off/transition windows for staff and children.

Once you have reviewed these considerations, you can begin developing your class schedule. The DECE has released a Fall 2020 Staffing Readiness Planning Tool that may guide you in developing your program’s class schedules.


L. STAFFING AND COVERAGE PLANS

- **Standard Requirements**: In order to ensure high-quality instruction, all programs must be staffed by educators who meet all qualification and certification requirements. At a minimum, programs should have on-site the following staffing in place:
  - **Program/education director**
  - **Education director’s designee**: Programs are strongly urged to designate and train one certified lead teacher to act as the designee for the education director when s/he is offsite.
  - Two (2) **teaching staff** in each in-person classroom.
  - **Administrative support** to meet food service and security needs (some clerical and/or fiscal staff may be able to work partially or fully remotely).
- **Custodial support** to clean the program thoroughly at least once per day (ideally, scheduled to be available throughout the program day)
- Staff member who holds **certificate of fitness** available during all hours of operation
- At least one individual who is trained in **First Aid & CPR**
- At least one individual who is **trained to administer an epinephrine auto injector**
- At least one person **certified in food handling** must be onsite during all food service
- If available, **family support worker**

Additionally, programs should create coverage plans that include daily checks and ways to address any unexpected staffing absences or lateness.

See the “Staff Qualification, Hiring, and Substitutes” section in the [3-K & Pre-K for All Policy Handbook](#) for more information.

- **COVID-19 Related Guidance:** Programs should plan to continue to employ all staff currently on their DOE budgets, including any staff who receive accommodations to work remotely. However, you may still need to make adjustments to your current staffing plan after you have thought about all the necessary considerations and developed your class schedules.

  **Visit the Following Sites for Emerging Guidance:** [DOE Early Childhood Summer/Fall 2020 Readiness Page](#) & [NYSED.gov COVID-19 Reopening School Guidance](#)

- **Program-Specific Recommendation:** This [Fall 2020 staffing planning tool](#) can help you map out the learning models your program will offer in Fall 2020 based on the needs of your children, families, and staff. In general, programs should maximize the amount of in-person services provided by staff who can work in-person, while delegating remote learning services to staff who you have approved to work remotely.

  As programs implement current health requirements, this may necessitate a greater need for programs to develop a clear staffing plan. Additionally, programs should develop a coverage plan that includes daily staffing checks for any unexpected staffing absences or lateness. The below is a template that may help you to identify and address staff shortages proactively.

- **Implementation Example:** Please see the “Implementation Templates and Resources” section, to find the “[Implementation Template: Staff Coverage and Schedule](#)” provided below, for program use.
**STAFF COVERAGE AND SCHEDULE**

<table>
<thead>
<tr>
<th>Coverage</th>
<th>Staff</th>
<th>Role, Staff Certification or Training</th>
<th>Arrival Time</th>
<th>Departure Time</th>
<th>Coverage Follow-up</th>
</tr>
</thead>
</table>
| In-Person Instruction | R. Gonzalez     | **Education Director**  
● Health Monitor  
● Trained to administer an epinephrine auto injector  
● Certificate of Fitness holder  
● CPR and First Aid trained | 6:30 am     | 7:00 pm        | Interim Education Director: M. Evans  
● Health Monitor  
● Trained to administer an epinephrine auto injector  
● Certificate of Fitness holder  
● CPR and First Aid trained |
| In-Person Instruction | J. Wilson, M. Stevens, J. Moore | **Lead Teacher**  
**Assistant Teacher**  
**Teacher Aid** | 7:00 am     | 4:30 pm        | Lead Teacher: M. Evans  
Assistant Teacher/Aid: M. Stevens/J. Moore |
| In-Person Instruction | M. Ronalds, E. Farin | **Lead Teacher**  
**Assistant Teacher** | 7:30 am     | 4:30 pm        | Lead Teacher: M. Evans  
Assistant Teacher/Aid: E. Farin/J. Moore |
| Remote Instruction | U. Miller, T. Jones | **Lead Teacher**  
**Assistant Teacher** | 7:30 am     | 4:30 pm        | Remote Coverage: M. Evans/T. Jones |
| Remote Instruction | U. Davis         | **Lead Teacher** | 8:00 am     | 5:00 pm        | Remote Coverage: M. Evans/T. Jones |
| In Person         | M. Gill          | **Family Worker**  
● Health Monitor  
● Trained to administer an epinephrine auto injector  
● CPR and First Aid trained | 7:00 am     | 4:00 pm        | |
| In Person         | L. Yari          | **Registrar** | 8:00 am     | 5:00 pm        | |
| In Person         | F. Earlz         | **Head Cook**  
● Certified in Food Handling | 6:00 am     | 3:00 pm        | M. Remil |
| In Person         | M. Remil         | **Kitchen Helper**  
● Certified in Food Handling | 5:00 am     | 3:00 pm        | F. Earlz |

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**M. VISITATION PROTOCOL**

- **Standard Requirements**: Programs are required to secure all entrances to your facility to prevent unauthorized visitors from gaining unconstrained access to children and staff. All visitors must sign in and logs must be kept regarding who the visitors met with and what spaces they entered. This is essential information that is needed to maintain a safe environment.

Programs must develop policies and procedures for verifying authorized entry and tracking the arrival and dismissal of all visitors (e.g., maintenance personnel and volunteers) other than parents/legal guardians and/or authorized escorts. In order to ensure a safe check-in/check-out system, you must do the following:

- Designate one or more staff to supervise this process
- Maintain a record of arrival and departure times of all guests
- Secure all entrances to your facility with pass key identification or another system
- Develop policies and procedures on how to handle an unauthorized adult who attempts to enter your facility
Address how to handle an unauthorized adult who refuses to leave the facility and tries to enter a classroom. In these situations, you should always contact the New York Police Department (NYPD) by calling 911 and providing your program name and address.

See the “Monitoring and Securing your Program” section in the 3-K & Pre-K for All Policy Handbook for more information.

- **COVID-19 Related Guidance:** Visitation volume should be drastically reduced during the duration of blended learning. Programs should prioritize phone and video meetings as much as possible in an effort to minimize risk of transmission. Sign-in logs should be saved at the end of each day to allow for contract tracing, should the need arise. Please ensure that all visitors are wearing appropriate PPE while on the premises.

  **Visit the Following Sites for Emerging Guidance:** DOE Early Childhood Summer/Fall 2020 Readiness Page & NYSED.gov COVID-19 Reopening School Guidance

- **Program-Specific Recommendation:** Programs should strongly consider the following to support reducing visitors and transmission risks:
  - **Packages and Mail:** Consider designating a delivery drop-off area outside, or immediately inside, the program main entrance, with signage to mark the area. If delivery staff must enter the program spaces, require them to wear face coverings and sign in.
  - **Proactively communicate protocols** for reducing on-site visits, in addition to changes in the drop-off and pick-up process. Additionally, share with families the preferred methods of contacting the program.
  - **Explain policies** for on-site visits, including the acceptable reasons to come on-site (always following a phone call), as well as reasons that should not involve in-person visits. Inform visiting families that they must wear face coverings for on-site visits.
  - **Use clear signage** that leads guests directly to the main office and indicates face coverings are required and that hand sanitizer is available and that six feet of distance must be maintained.
  - **Waiting areas** should allow for social distancing. Consider outfitting the front desk with a plastic shield to protect the staff member(s) receiving guests. This plastic shield must be made of flame-retardant polycarbonate (light transmitting) material. Additionally, it’s important to ensure that the front desk has a supply of PPE and ample cleaning supplies available.

**Family Visits**

At the start of the year, it is important to build trust by allowing family members with younger children, who are experiencing the program setting for the first time, to enter the building with their child. Please see the “Child Arrival and Health Check” section for more information on how to do this safely.
- **Standard Requirement:** Programs are required to communicate with families at the beginning of the school year and on an ongoing basis. Teachers and staff should orient families to policies, goals, and content so that they understand what their child is learning and how this learning aligns to the New York State Prekindergarten Learning Standards-NYSPLS (which replaces the Pre-K Foundation for the Common Core-PKFCC). Information should be disseminated using various channels, including welcome orientations (currently virtual), electronic methods, postal mail, and backpacking letters home.

Furthermore, programs are expected to communicate with families at the beginning of the school year and provide information on:

- Forms and documents that must be completed and returned
- Information about services in your program
- Program instruction
- School policies

See the “Family Engagement” section in the 3-K and Pre-K-For-All Policy Handbook for more information.

- **COVID-19 Related Guidance:** Programs must remain in touch with families and staff regularly, particularly any time changes are made to policies or procedures related to COVID-19 safety.

Programs should communicate clearly and often with staff and families about expectations, and ensure all families and staff receive such communication in their preferred way of communicating and home language. As such, updates should be communicated via email, sent home with children in hard copy format, posted on the program website, texted, and explained or referenced via automated call.

Staff should also be informed of their role in discussing or fielding questions about changes so that messaging and communication to families is aligned. In order to do that effectively, staff must be informed proactively about changes in policies and procedures, so they can confidently answer any questions related to programming for families.


- **Program-Specific Recommendation:** Local authorities will be issuing new information often and you should make plans to communicate that information to families and staff. Additionally, as your program adopts new programmatic changes, it’s important to ensure that your families and staff understand and are able to engage in a dialogue with program leadership about these changes.
Introduction Communication
Prior to physically welcoming children back to school, all programs should communicate important policies and procedures in writing to families and staff. This template letter should include:

- **Health and Safety practices** related to preparation measures, face coverings, screening process, pre-arrival process, transportation (where applicable), visitation policy, cleaning, hygiene, scheduling, arrival and dismissal change, attendance policy, identifying COVID-19 symptoms, and information on local resources (i.e., for testing, city/state/DOE information)

- **Roles and Responsibilities**: Identify which staff members have which responsibilities, and set forth any expectations regarding the responsibilities of families. Provide staff and families with a point of contact for any questions or concerns regarding the Health and Safety guidance and procedures at your site.

Opportunity for Questions and Feedback Communication
Staff and families need opportunities to ask questions and share their needs and goals. Consider hosting virtual meetings or by-phone office hours at a variety of times. Additionally, you may want to offer this option to families periodically (e.g., when your program introduces new guidance and expectations, upon re-opening, and as things change).

Onboarding Communication
It is equally important to ensure that all staff, those returning to on-site services and those continuing to work remotely, have an opportunity to learn of all new updated practices and procedures and to ask questions. While this event may take place virtually, some examples of practices discussed may include:

- **Physical Distancing**: Provide visuals showing physical distancing expectations in common areas and in classrooms, including to-scale graphics or materials (like pool noodles) showing 6 feet, as a guide.

- **Arrival and Drop-off**: Create a simple checklist that reminds staff and families of the drop-off and pick-up procedures. Consider how to model the procedures (such as daily health screens) in-person or in a short video that can be shared with staff and families.

Virtual Family Orientation Communication
As your program welcomes families back to in-person services, having a Family Orientation continues to be a best practice for providing a responsive environment for families and their children. While these events cannot happen in person, it is important to ensure that families are informed and feel comfortable leaving their children at your program at a time when there is a great deal of anxiety related to COVID-19.

Programs should emphasize the priority on social-emotional wellbeing and family partnerships, while sharing any changes to the new health and safety expectations to include physical distancing, groupings of the children, daily hygiene practices, and action plans as it relates to emergencies such as COVID-19 positive cases. Please see [here](#) for a suggested agenda for this orientation.

Additional Considerations:
• Use language that is easy to understand and hard to misinterpret, avoiding medical terminology, if possible
• Be clear about what expectations are new or potentially unfamiliar to staff and families (e.g., no adult volunteers in the building, how meals are served).
• Use visuals posted throughout the building and given as handouts for adults to reinforce expectations (e.g., related to physical distancing, face coverings, or meal-time expectations).
• Translate and interpret communications in families’ home languages

III. DAILY SCHEDULE AND ROUTINE

The below offers considerations for planning a daily schedule and routine that provides a physically and psychologically safe environment:

A. Daily Schedule
B. Health Check Protocols
C. Staff Arrival
D. Child Arrival
E. Child Dismissal
F. Child Transition
G. Meals

A. DAILY SCHEDULE

• **Standard Requirement:** During program hours, you must offer activities which are appropriate to the age-level and individual needs of children and that build on children’s interests, backgrounds, and ideas for learning. Activities provided should support the development of skills and knowledge described in the applicable age-appropriate standards.

While the DOE does not mandate that your program follow a specific schedule, programs must offer each of the required daily activities. Additionally, programs daily schedule must be displayed prominently in the classroom at student eye level, using both words and pictures to describe activities. Daily schedule must provide students with:

• Snack and Meal Time
• Nap and Rest Time
• Gross Motor Time
• Center Time
• Whole Group (Meeting/ Circle Time)

See the “Daily Student Schedule” in the [3-K and Pre-K-For-All Policy Handbook](#) for more information.
COVID-19 Related Guidance: While the goal is to return all children to in-person instruction, due to the dynamic nature and risk of community transmission of COVID-19, programs may need to design a schedule that includes blended learning, a combination of in-person instruction and remote learning to facilitate a phased-in approach or hybrid model. Additional guidance and sample schedules are available on the DOE Early Childhood Summer/Fall 2020 Readiness Page.

In cases where in-person instruction is not feasible, programs will need to follow DOE guidance to determine which children will be prioritized for full-time in-person instruction.

- School Day/Year NYCEECs (programs with 3-K and pre-K contracts)
- Extended Day/Year NYCEECs (programs with EarlyLearn contracts)


B. HEALTH CHECK PROTOCOLS

COVID-19 Related Guidance: All staff, children, or persons entering your facility must complete and submit a daily health screening which includes a questionnaire, and may include temperature checks, prior to being admitted into the classroom. Programs may either request staff and families to conduct a screening at home and report the results to the program, or may designate the Health Monitor or other staff to conduct the daily health screen.

Screening Area
If performed onsite, these health screens should be completed in a designated area.

- This designated screening area should not be public or at a high-traffic area. A private space near the program entrance is strongly recommended.
- Screening area should include flame-retardant polycarbonate (light transmitting) plastic barriers because staff and children will need to be within 6 feet of one another for some portions of the screening.
- Health Monitor and staff and families must be wearing face coverings at all times during the process.

Temperature Checks
As part of the daily health screenings, programs must perform random samplings of temperatures of both children and program staff. Programs may also choose to implement daily temperature checks as part of their screening process for every child and staff. Programs can do this by either requesting staff and families to conduct a temperature check at home and report the results to the program, or may designate the Health Monitor to take the temperature of all persons entering the facility.
● **If a program conducts temperature checks on site**: The program must conduct contactless temperature checks. In most cases, the thermometer must be pointed steadily, directly at the forehead area between the eyes, from a distance of approximately 1 inch from the forehead. If the staff or child’s temperature is above the threshold (~100.0), the Health Monitor may choose to wait for 5 minutes and then check the staff’s or child’s temperature again, to rule out a false positive. If staff’s or child’s temperature remains above 100.0 degrees F again, they should not be permitted to enter.

● **If the staff or child conducts a temperature check at home**: Families and staff should indicate the results in their questionnaire. If their temperature is above the threshold (~100.0) they should report it and remain home.

Programs should not record actual temperatures readings for any staff for privacy reasons, but may maintain records that confirm individuals were screened and the result of such screening (e.g. cleared/not cleared).

**Busing**

If any child (or staff member who supervises on the bus) is transported via school bus, the daily health check should be completed prior to boarding the vehicle.

- Children should board buses and be seated at first from the back of the bus to the front of the bus to eliminate passing seated individuals.
- When disembarking, children in the front should get off the bus first to eliminate passing seated individuals.

**Visit the Following Sites for Emerging Guidance**: DOE Early Childhood Summer/Fall 2020 Readiness Page, NYSED.gov COVID-19 Reopening School Guidance & NYC Health (DOHMH) COVID-19

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● **Program-Specific Recommendation**: Programs should consider adopting the following in their planning and implementation of health check protocols.

**Assigning Health Monitors to Oversee & Track Daily Health Screens**

Designated health monitors should have an early start time, as staff and children may not enter the building prior to completing their health screen. Additionally, a designee must be assigned to screen staff and children arriving late. This may need to coincide with other scheduling adjustments. As a result, you may choose to assign multiple health monitors to oversee unique health and safety responsibilities and additional health check stations.

**Tracking Health Screens**

It is critical that health screening information is tracked. One way to do this is through an online tracking system. An online tracker can ensure this information lives in one centralized location, that can be updated in real time. Creating a google sheet may be a free and easy option. In general, programs are encouraged to use whatever tracking system works best for their needs. This daily health check form template provides an example of a children’s tracking system. Whatever tracking system is used, at a minimum, it should include the following information: date, name of staff and/or child, completion of health check, and a place to record clearance (cleared/not cleared), and other important notes.

**Digital Health Screening**
Setting up a digital health screening can help to reduce your morning arrival time and mitigate concerns that may arise with implementing a staggered schedule. Additionally, by ensuring that staff and children have access to ways to complete a temperature screening at home, such as equipping staff and children with oral thermometers, if possible, you may be able to complete the entire health check process digitally.

This does not mean that health monitors should not be overseeing digital health screening, as someone will need to be responsible for ensuring each staff/family has completed a daily health screen tracking this information, and reviewing that all the information is complete and meets health standards. Additionally, programs who take this approach should be clear about setting a deadline for online submissions, to reduce any confusion during your morning arrival. Creating a google survey may be a free and easy option for many programs, however programs are encouraged to use whatever platform works best for their needs.

**Inclement Weather:** Alternate pre-screening waiting areas may be available at some programs, but in some cases they may not be. In these cases, it is important to notify staff and families ahead of time of any changes to health check procedures.

- **Implementation Example:** Please see the “Implementation Templates and Resources” section to find the “Implementation Template: Daily Health Screening Questionnaire” for program use.
### Staff Daily Health Screener

1. In the past 10 days, have you experienced any of the following symptoms of COVID-19 (as per the NYC DOHMH)?
   - Fever or chills
   - Cough
   - Shortness of breath or difficulty breathing
   - Fatigue
   - Muscle or body aches
   - Headache
   - New loss of taste or smell
   - Sore throat
   - Congestion or runny nose
   - Nausea or vomiting
   - Diarrhea

2. If yes, is there any reason to explain why you have the symptom(s) listed (i.e., muscle fatigue because I’m training for a race/miniature).

3. In the past 10 days, have you tested positive for COVID-19? (as per the NYC DOHMH)

4. In the past 14 days, have you been in close contact with someone who tested positive for COVID-19 or is suspected to have COVID-19? (as per the NYC DOHMH)
   - Close contact is defined as contact within 6 feet for a period for 10 minutes or more.

5. Have you traveled outside of New York state to any of the states listed in the travel advisory in the past 14 days?

6. Have completed an at home temperature check? If so, was your temperature above 100.0 degrees Fahrenheit? Y/N

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### Child Daily Health Screener

1. Child Name: _______________________

2. Classroom: _______________________

I confirm this morning:

[ ] My child’s temperature is below 100.0 degrees Fahrenheit and he/she does not have any COVID-19 symptoms (sore throat, coughing, difficulty breathing, diarrhea, nausea, vomiting, new loss of smell or taste, fatigue, muscle or body aches, congestion or runny nose).

[ ] My child has not had close contact with anyone who has tested positive for COVID-19, is under quarantine, or is showing symptoms of COVID-19 in the past 14 days. (as per the NYC DOHMH) (Close contact is defined as contact within 6 feet for a period for 15 minutes or more.)

[ ] My child has not traveled outside of New York state to any of the states listed in the travel advisory in the past 14 days.

Family Signature: _______________________

Date: _______________________

If you cannot check off all boxes, your child must remain at home. Please inform us of their absence and consult with your physician about having them tested for COVID-19.
C. STAFF ARRIVAL

DAILY HEALTH CHECK PROCESS
Mandatory for all staff, families, children and visitors entering your site

IMPLEMENTING OPTIONAL TEMPERATURE CHECKS?

YES, my site will conduct optional temperature checks + mandatory health screenings

- Families (taking temperature of the child) and staff should indicate if they have a fever (>100.0 F) in the health screener
- If fever is present, they must remain home

WILL HEALTH CHECK PROCESS BE COMPLETED ON-SITE OR REMOTELY?

ON-SITE

- Conduct contactless temperature checks
- If the staff or child’s temperature is above the threshold (>100.0 F) they must not be permitted to enter the site

REMOTELEY

- Ensure each family (completed for the child) and staff has submitted a digital health screen daily
- Review that all information is complete and meets health standards prior to entering the site
- Track submission of this information
- If staff indicates yes on any of the health screening items, they should not report to the program and consider consulting a health care professional

NO, my site will not conduct optional temperature checks, only the mandatory health screenings
**COVID-19 Related Guidance:** All staff must complete and submit a daily health screen which includes a questionnaire and may include temperature screening. No staff may enter the classroom prior to completing their daily health screen.

**Staff Illness Guidance**
Any program staff exhibiting symptoms of COVID-19, or with a household member exhibiting symptoms of COVID-19, should not report to work. Staff should report symptoms to program leaders as soon as possible, and should consider consulting a health care professional about their condition. Staff should additionally provide the program leaders with daily updates about their health status. See [Child and Staff Illness Guidance](#) section for more information.

**Visit the Following Sites for Emerging Guidance:** [DOE Early Childhood Summer/Fall 2020 Readiness Page](#), [NYSED.gov COVID-19 Reopening School Guidance](#) & [NYC Health (DOHMH) COVID-19](#)

**Program-Specific Recommendation:** Concurrent arrivals requires the establishment of multiple arrival processes. For example, the arrival of a late staff member may coincide with your regular arrival time for children. Setting up an additional health screening station to field late staff and digital health screening can help to mitigate many of these concerns.

**Implementation Example:** Please see the “Implementation Templates and Resources” section to find the “Implementation Template: Staff Arrival and Health Check Process” provided for program use.
### D. CHILD ARRIVAL

- **Standard Requirement:** Programs must develop arrival protocols that ensure the safety of children. During arrival your program staff must:
  - Maintain line of sight at all times (unless they are within line of sight of their parent/legal guardian).
  - A Daily Attendance Record Form must be filled out to include at minimum each child’s name and arrival (This is required for Article 47 providers and recommended for Article 43 and Group Family Day Care providers.)
  - It is strongly recommended that programs require the signature of the parent/guardian or
authorized escort on the form.

See the “Arrival and Dismissal” section in the 3-K and Pre-K-For-All Policy Handbook for more information.

- **COVID-19 Related Guidance:** The health screening process for children mirrors that of staff in many ways. The primary difference is families should complete or attest to the child’s health during the daily health screen. Child health checks must be completed and documented before families leave their child at the program in the morning (unless done remotely before arrival). A family member that will be entering the building for any reason must also adhere to completion of this daily health screen.

**Child Illness Guidance**
Program staff must make visual inspections of children for signs of potential COVID-19 illness during morning arrival and as part of the health check screen.

- Signs of potential COVID-19 illness may include flushed cheeks, rapid breathing or difficulty breathing (without recent physical activity), fatigue, or extreme fussiness.
- Pay special attention to children with chronic medical conditions, as they can be at higher risk for poor outcomes of COVID-19.
- If the child has a fever, he/she should go to a doctor to determine whether or not he/she must be tested for COVID-19 and if the child must quarantine. See Child and Staff Illness Guidance section for more information.

**Visit the Following Sites for Emerging Guidance:** [DOE Early Childhood Summer/Fall 2020 Readiness Page](#), [NYSED.gov COVID-19 Reopening School Guidance](#) & [NYC Health (DOHMH) COVID-19](#)

- **Program-Specific Recommendation:** For child arrival, you will likely need additional health check screening stations to reduce the arrival time. The following must be considered in your planning:
  - Six-foot distance must be maintained between screening stations, between waiting lines for each station, and between individuals waiting in each line.
  - If physical space does not allow for this, then the window for arrival must be extended while the number of screeners is reduced.
  - If your screening area does not allow for line-of-site to be maintained between the child’s classroom, you will need to assign health monitors to safely transport children to their classroom or structure your arrival to ensure staff are positioned in a way that will allow for line-of-site to be maintained for all children at all times.

**Routine Flexibility:**
Routines should remain responsive to the emotional needs of each child and family. At the start of the program year, it is important to build trust with families, and consider allowing family members to enter the building and see their child’s classroom with their child. To do this safely, consider strategies such as:

- Offering individual and/or virtual tours of the building before the program begins;
● Shortening program days and staggering arrivals at the beginning of the year, so that if a family needs to accompany their child into the building, there will be fewer people in the hallways.

After an initial period, once children are more comfortable, programs are encouraged to continue implementing drop-off routines that take place at the front of the building, so that most family members do not enter the facility.

● Implementation Example: Please see the “Implementation Templates and Resources” section to find the “Implementation Template: Child Arrival” provided for program use.
E. CHILD DISMISSAL

- **Standard Requirement:** Programs must develop dismissal protocols that ensure the safety of children. During dismissal your program staff must:
  - Maintain line of sight of children at all times (unless they are within line of sight of their parent/legal guardian).
  - Ensure that children are only released to a parent/legal guardian or authorized escort.
    - You must maintain a list of authorized escorts for each child enrolled.
    - The following information must be maintained for each authorized escort: name, relationship to the child, address, and contact information. You are required to track authorized escorts by utilizing the [Emergency Contact Card](Blue Card).
    - It is strongly recommended that programs require the signature of the parent/guardian or authorized escort on the form.

See the “Arrival and Dismissal” section in the [3-K and Pre-K-For-All Policy Handbook](for more information).

- **COVID-19 Related Guidance:** Dismissal of children must follow processes that continue to allow for six feet of space between adults. It is strongly encouraged that classes dismiss in waves so that it is easier to maintain social distancing, and avoid overcrowding. Consider, where possible, a drop off procedure that allows a staff member to bring the child out to the family at the end of the day, so that families don’t have to enter the facility.

Visit the Following Sites for Emerging Guidance: [DOE Early Childhood Summer/Fall 2020 Readiness Page](, [NYSED.gov COVID-19 Reopening School Guidance](& [NYC Health (DOHMH) COVID-19](

- **Program-Specific Recommendation:** The following best practices should be considered when developing your dismissal procedures:
  - Children should exit the building in lines to maintain social distancing between groupings.
  - Children should be escorted beyond the threshold of the building and released to their guardian.
  - Consider using different exits
  - Special considerations need to be made for children with siblings, as families navigate multiple blended learning schedules and arrival/dismissal procedures. These children may need to be granted special schedules that allow children to leave earlier or later.
  - Late pick-ups may require additional child supervision. Teachers should remain with their children and continue reaching out to the family until they arrive.

F. CHILD TRANSITION
• **Standard Requirement:** Programs must ensure that staff support transitions between activities and short break activities in a developmentally appropriate way, by:
  - Reviewing norms and routines prior to each transition
  - Using instructional supports such as visual schedules, songs, or other strategies to actively involve children
  - Planning transition activities that support children in adapting to change in all settings
  - Scheduling transitions so that only a few children transition at a time
  - Ensuring wait times during the transition are less than 1–2 minutes

See the “Short Break” section in the [3-K and Pre-K-For-All Policy Handbook](#) for more information.

• **COVID-19 Related Guidance:** Schedules should be designed to keep children in the same room as much as possible, prioritizing the rotation of teachers. In addition to practices to reduce frequency of movement, scheduling of required transitions should be staggered to facilitate one-way traffic to the maximum extent.

**Visit the Following Sites for Emerging Guidance:** [DOE Early Childhood Summer/Fall 2020 Readiness Page](#) & [NYSED.gov COVID-19 Reopening School Guidance](#)

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G. **MEALS**

• **Standard Requirement:** Programs are expected to provide the required number of meals to their children according to their contract. In EarlyLearn programs, that includes two meals and a snack and in 3-K and pre-K programs that includes, at a minimum, a meal and a snack or two meals. This is necessary to ensure children’s nutritional needs are met and they are ready to learn.

Breakfast and lunchtime should be thoughtfully incorporated into children’s daily schedules, so that meals and associated routines provide minimal disruption to children’s engagement in classroom activities. Meal services must include:
  - Methods to accommodate children with dietary restrictions and allergies
  - Menus for families to provide details about the daily meals and snacks to be served to children
  - Adherence to food safety and sanitation policies in accordance with New York City Department of Health and Mental Hygiene (DOHMH) policies and guidelines

For more information regarding meal requirements please see the “Meal Services” section in the [3-K for All & Pre-K for All Policy Handbook](#).

• **COVID-19 Related Guidance:** Programs are required to provide all meals and snacks in the classroom and temporarily the meals cannot be served family style.
  - Children should not be serving themselves any food or pouring any drinks.
Programs should arrange the seating during meals to provide as much space between individuals as possible, while still allowing staff to engage in conversations with the children and provide adequate supervision.

Children should remove face coverings during meals.

Child and Adult Care Food Program (CACFP) Waivers
Additionally, the U.S. Department of Agriculture (USDA) has issued a series of child nutrition program waivers, based on authorities granted in the Families First Coronavirus Response Act. These waivers will support Child and Adult Care Food Program (CACFP) providers and programs in maintaining access to nutritious meals for children in the current COVID-19 public health emergency. You can find those waivers here. Please note, that many of these waivers are set to expire by the end of August. Please review the USDA website for emerging guidance.

Visit the Following Sites for Emerging Guidance: DOE Early Childhood Summer/Fall 2020 Readiness Page & NYSED.gov COVID-19 Reopening School Guidance

Program-Specific Recommendation: The following best practices should be considered when developing your meal service:
- Use classrooms for serving individual meals (non-family style)
- No food should be shared. Children and staff should be reminded of the importance of not sharing food during this time.
- Staff should clean and sanitize tables prior to and after each meal.
- Limit the extent to which children mix with each other. Assigned seating is strongly encouraged. Avoid sharing tables, if possible.
- Children should all face the same direction as much as possible.
- Windows should be opened whenever possible to increase ventilation.

Additionally, programs should share information with families regarding free meal programs available to them, should an unexpected program closure occur. You can find information in the Growing Up NYC Covid Updates page and DOE Free Meals page.

IV. HEALTH AND SAFETY PROTOCOLS

The below offers you considerations for programmatic planning that provides a safe and healthy environment. Those considerations are listed below:
A. Wearing Face Coverings
B. Hygiene
C. Classroom Cleanliness
D. Facility and Building Management
E. Children and Staff Illness Guidance
F. External Reporting & Communication Protocols
G. Emergency Preparation and Program Closure
A. WEARING FACE COVERINGS

- **COVID-19 Related Guidance:** All adults, including staff, family, and other visitors entering your site (e.g., delivery personnel) must be wearing a face covering before entering your program. Programs must make face coverings available to staff at no cost and are encouraged to keep a supply of additional face coverings onsite for distribution to anyone who needs one in order to enter the program.

**Defining Face Coverings**
A face covering is a simple barrier that helps prevent respiratory droplets from traveling into the air and onto other people when the person wearing the face covering coughs, sneezes, talks, or raises their voice. The purpose of face coverings is to keep respiratory droplets from reaching others.

The [CDC](https://www.cdc.gov) does not recommend using face coverings if they have an exhalation valve or vent, as this can allow exhaled respiratory droplets to reach others and potentially spread the COVID-19 virus. As such, face shields are not an alternative to face coverings. 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.

**Who Should Wear Face Coverings?**
All adults who need to enter your program must be wearing a face covering. Face coverings should not be used by children 2 years of age or younger or by anyone who cannot medically tolerate one. If programs take children off the child care premises (e.g. on neighborhood walks), children must wear face coverings. Additional information regarding children’s use of face coverings is forthcoming.

**Wearing and Storing Face Coverings Correctly**
- Face coverings should be used while traveling to and from a program, if social distancing cannot be maintained, such as on public transportation.
- When entering a program with a face covering used outdoors, it is recommended that staff switch to a clean, uncontaminated face covering.
- When putting on and taking off a face covering, wash your hands or use an alcohol-based hand sanitizer. 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.
- Gloves and proper sanitation should always be used when touching a used or contaminated face covering/face covering.
- Reusable face coverings need to be washed using detergent between each use. Face coverings should be fully dry before using again.
- Face coverings should be stored in an airtight container (such as a plastic sandwich bag with a zip) and labeled with the individual’s name.

**Additional Personal Protective Equipment (PPE)**
Program staff are encouraged to use additional PPE during the following circumstances:
● Wear a smock or oversized button-down shirt while working with children, which should be changed after use or any time it becomes contaminated.

● Wear and change gloves during and in between health screening, meal times, when supporting children with toileting, activities in close contact with children or frequently touched surfaces, if coming into contact with another person (e.g. when supporting a child during toileting, as needed during daily health checks or meal times), and before transitioning to the next activity (e.g., after wiping down toys or tables, after plating meals for children, etc).

● Change the child’s clothing, whenever a child’s clothing becomes dirty with bodily fluids (including drool) and as necessary. Children should have multiple changes of clothes on hand at the program. Programs should make efforts to have spare changes of clothes for children who either do not have extra clothes or have used their extra clothes, as practicable.


Additional guidance regarding children’s use of face coverings will be released via the weekly DECE Bulletin and Readiness Page linked above.

● **Program-Specific Recommendations:** Children and adults rely on lip reading, facial expressions, body language and expressive tones to interpret and understand communication. When staff are wearing face coverings, children will not be able to see their facial expressions; as a result, it is imperative to be mindful of the following:
  ● Eye contact and voice inflection
  ● Speak clearly
  ● Be sensitive and patient as children adapt to social interactions. Be mindful of children who are sensory sensitive or struggle with change. Be patient and responsive to their needs.
  ● Share and hang photos around the classroom of real adults and children wearing face coverings, as well as photos of children’s and staff members’ faces without face coverings.
  ● Staff can pin photos of themselves without face coverings to their shirts so that children can see their smiling faces.
  ● Help children understand that face coverings help to keep us safe and keep away from germs.
  ● 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. Encourage children to draw and use dramatic play materials to express their thoughts, feelings, questions and concerns.
B. HYGIENE

**Standard Requirement:** Hand washing with soap and water is the most effective method to clean your hands. Children should be taught the following related to hand washing:

1. Moisten hands with water and apply liquid soap to hands.
2. Rub hands together, away from the water stream, vigorously until a soapy lather appears and continue for 20 seconds (children can sing “Row, row, row your boat,” twice).
3. Rinse hands, and dry with individual paper towels that are not shared.
4. The paper towel should be used to turn off the faucet when done.
5. Throw the paper towel in the wastebasket.

**COVID-19 Related Guidance:** Once children are in the building, they should be taken to wash their hands immediately before beginning program activities. In addition to hand-washing after arrival, children should wash their hands during the following times of the day:

- Upon arrival to the building and classroom
- Upon arrival to the first program activity
- Between all program activities
- After using the restroom and supporting children with toileting
- Before and after eating
- Before departing the last program activity

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● 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

Hand Sanitizer
Handwashing is preferred to hand sanitizer, and handwashing is required whenever hands are visibly soiled. However, hand sanitizer is encouraged as an alternative if a handwashing station is not readily available, and must be alcohol-based and contain at least 60% ethanol for areas where handwashing facilities are not available or practical. Hand sanitizer should be available throughout common areas such as entrances, exits, outdoor spaces, and security/reception areas.


● Program-specific Guidance: In order to achieve this type of hand cleaning frequency, your programs should consider the following:
  ○ Build ample time into schedules, especially before and after transitions
  ○ Add portable handwashing stations to any classroom that does not currently have a sink
  ○ Hand sanitizer should be readily available in every classroom and office, as well as at the entrance and exit to the school
C. CLASSROOM CLEANLINESS

- **COVID-19 Related Guidance**: Programs must adhere to cleaning and disinfection requirements as advised by CDC, NYS DOH, and DOHMH, including the [NYS Department of Health Guidance for Cleaning and Disinfection of Public and Private Facilities for COVID-19](https://www.cdc.gov/handwashing/posters.htm).

  Classroom teachers should expect to clean, sanitize and disinfect toys and materials in the classroom throughout the day using registered disinfectants. Program staff should wear gloves while cleaning, using water, soap and then an [EPA approved](https://www.epa.gov/clean-water/disinfectants) disinfectant, which includes diluted household bleach, and

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focusing on frequently touched surfaces and high-touch surfaces (e.g. handles, places where fingers go to accomplish a task).

**Preparing Bleach Solution**

When using bleach and water to sanitize or disinfect surfaces, the concentration and the time required to effectively sanitize or disinfect depends on the surface. Preparing the correct concentration is important to ensure proper sanitizing/disinfecting, as well as that you do not leave toxic residue on tables for eating or mouthed toys. In addition, the bleach solution should be made daily as the mixture starts to degrade once mixed and exposed to light. The table below can help to guide staff during this practice.


<table>
<thead>
<tr>
<th>Surface</th>
<th>Mixture</th>
<th>Time Required</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>Food Surface:</strong> tables that children eat at, high chair trays, counters food is served on, etc.</td>
<td>1/2 teaspoon bleach and 1 quart of water</td>
<td>The solution should be sprayed on and must remain on the surfaces for at least 2 minutes</td>
</tr>
<tr>
<td><strong>Surfaces in contact with bodily fluids:</strong> changing tables, mats/cots that children may drool on or have toileting accidents, etc.</td>
<td>1 tablespoon bleach and 1 quart of water</td>
<td>The solution should be sprayed on and must remain for at least 2 minutes</td>
</tr>
<tr>
<td><strong>Toys:</strong> Mouthed toys/Toys in classrooms with infants and toddlers</td>
<td>1 teaspoon and 1 gallon of water</td>
<td>Soaked for at least 5 minutes</td>
</tr>
</tbody>
</table>
Program-Specific Recommendation: Programs are encouraged to create new practices and train staff on ways to reduce the spread of infectious diseases, such as:

- Putting away toys and materials that are able to be easily disinfected
- Limiting the amount of shared materials in the class
- Labelling and storing materials separately for each child
- Developing and completing a daily checklist and schedules among teaching teams with cleaning responsibilities, as sharing cleaning duties evenly between teacher/assistant/aide will allow for equitable and sustainable practices
- Assigning health monitors to oversee the completion of cleaning duties

**Implementation Example:** Please see the “Implementation Templates and Resources” section to find the “Implementation Template: Daily Classroom Cleaning Log” provided for program use.

<table>
<thead>
<tr>
<th>Week of: 9/7/20-9/11/20</th>
<th>Daily Classroom Cleaning Log</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>Helpful Reminders</strong></td>
<td></td>
</tr>
<tr>
<td>• Soft toys and materials should be removed from classrooms (soft dolls, dress-up clothes, puppets, pillows, etc)</td>
<td></td>
</tr>
<tr>
<td>• Label and store children’s belongings individually (may not be shared with other children)</td>
<td></td>
</tr>
<tr>
<td>• Rotate toys that are out at any one particular time so that they can be adequately cleaned and sanitized</td>
<td></td>
</tr>
<tr>
<td>• Supervise plastic or play foods, play dishes and utensils to prevent shared mouthing of these toys</td>
<td></td>
</tr>
<tr>
<td>• Set aside toys that need to be cleaned in a separate container called “soiled toys” to be cleaned with soapy water</td>
<td></td>
</tr>
<tr>
<td>• Limit shared materials in outdoor play or gross motor between stable groups</td>
<td></td>
</tr>
<tr>
<td>• Keep all chemical products out of reach of children and do not use them when children/youth are present</td>
<td></td>
</tr>
<tr>
<td>• Allow adequate time for indoor spaces to air out before allowing children back in</td>
<td></td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Daily Duties</th>
<th>Frequency</th>
<th>Point Person</th>
<th>Weekly Checklist</th>
</tr>
</thead>
<tbody>
<tr>
<td>Tables and chairs where meals are held</td>
<td>Before and after use</td>
<td></td>
<td>✓</td>
</tr>
</tbody>
</table>

**D. FACILITY AND BUILDING MAINTENANCE**

- **Standard Requirement:** Programs must comply with the licensing and permitting requirements of their licensing agency, the NYC Department of Buildings (DOB), and the Fire Department of New York (FDNY), as well as establish policies and procedures for operating a safe program, including facility operation and maintenance, fire safety, and general safety, such as:
  - Schedules and designated staff for facility inspection, cleaning and maintenance, schedule for boiler/furnace and HVAC system maintenance, maintenance of adequate water pressure, protection of the potable water supply from submerged inlets and cross-connections in the plumbing system.
  - Schedule for the annual lead paint survey, inspection of window guards, indoor and outdoor equipment inspection and replacement schedule.
  - Fire prevention and electrical safety policies and coordination with local fire officials. Fire alarm and detection systems and their operation maintenance and routine testing. Type, locations, and maintenance of fire extinguishers and inspection and maintenance of exists
The indoor space at your program must be safe for students and provide a high-quality, comfortable learning environment.

For more information regarding facility requirements please see the “Facility,” “Safety Plan Requirements,” and “Licenses, Certification, and Permit” sections in the 3-K for All & Pre-K for All Policy Handbook.

COVID-19 Related Guidance: Programs may need to make changes to their physical environment and maintenance procedures in order to keep children and staff safe and adhere to social distancing and health and safety practices. During this time, programs may need to rely on facilities and custodial staff to a greater extent. Below are some general guidelines that may be helpful to determine adjustments to daily cleaning and disinfection and maintenance routines.

Physical Layout
Programs can modify the use of work areas for non-classroom staff and break spaces, so that adults 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 uses. However, programs are discouraged from allowing the use of small spaces (e.g., supply closet, kitchen, or restrooms) by more than one staff member at a time, unless all staff in these spaces are wearing face coverings. Please see the “Physical Layout Guidance” section above.

General Facility
Upon re-opening the facility to provide in-person services, programs should ensure that all faucets are flushed 5-10 days prior to resuming any child care and all handwashing sinks are in a state of good repair. All faucets should be flushed at the same time starting with the outlet farthest from the water main for a minimum of 10 minutes using cold water first and then hot water. Additionally, programs should consider, as an extra precautionary measure, implementing a routine practice of flushing all faucets any time water has been stagnant for over 18 hours.

Ventilation
Air ventilation should be maximized to the greatest extent possible. At a minimum, ensure your program has operable windows that include screens that can be kept open when practical.

- Ensure filters in window air conditioning units are cleaned weekly and replaced frequently. You should consider upgrading to HEPA filters of the appropriate size and thickness.
- Regularly check both supply and exhaust ventilation systems (i.e., bathroom and kitchen exhausts) for proper operation.
- Where applicable, HVAC equipment should be operated with maximum airflow to ventilate and “air purge” buildings. Before using in warmer months, ensure that your licensed HVAC contractor has changed the unit from heating to cooling. Consider adding ultra violet lighting to the air ducts as this is said to dissolve mold and allergens.
- Consider using air purifiers where feasible. Be sure the air purifier is large enough for the space.

Deep Cleaning
Programs will need to implement enhanced cleaning and disinfection of surfaces to ensure the health and safety of staff and students and require deep cleanings to be completed on a nightly basis. This is
in addition to cleaning and disinfection that would need to happen throughout the day, especially in common areas and frequently touched surfaces. Special attention is to be paid to:

- Horizontal surfaces in the building’s common areas, classrooms, classroom materials, and bathrooms, including food surfaces, outdoor gross motor equipment, diaper changing areas, and napping surfaces
- Frequently contacted items, such as drinking fountains, faucet handles, door hardware, push plates and light switches are to be wiped down regularly.
- Bathrooms:
  - The frequency of the cleaning and disinfecting should depend on the frequency of use.
  - Should be sufficiently stocked with liquid hand soap and paper towels
- On-site playground equipment
  - Should be cleaned and disinfected at least daily
  - High-touch surfaces should be disinfected after each group’s use

Isolation Area, and other areas designated for separating ill children and adults

A cleaning log must be maintained and completed daily for inspection by DOHMH.


**Program-Specific Recommendation:** Programs should develop and implement building safety policy and procedures and identify onsite staff member(s) responsible for daily and ongoing monitoring. Using pre-developed checklists can help to ease this process:

- DECE has provided sample daily and monthly checklists
- Health and Safety Checklist, as well as a DOHMH sample cleaning log is available here (if using this sample, maintain a separate log for each room/area)

Additionally, onsite staff member(s) responsible for ongoing monitoring must ensure:

- Health and Safety Checklist log is maintained, kept onsite and made available upon request
- Ongoing monitoring findings are shared with staff, program leadership, and DOE/DECE and NYC DOHMH, as well as all other city, state, and federal agencies, in accordance with contractual and licensing requirements

**Implementation Example:** Please see the “Implementation Templates and Resources” section to find the “Implementation Template: Facility and Building Maintenance” provided for program use.
E. CHILD AND STAFF ILLNESS GUIDANCE

- **COVID-19 Related Guidance:** All staff must be aware of COVID-19 related symptoms, and actively self-monitor and monitor children for these symptoms. While a child or staff member may not exhibit COVID-19 related symptoms at the start of the day, and may be cleared during their daily health screen, programs must ensure an adequate response if symptoms develop later in the day.

**Isolation Area & Designee**
An Isolation Area(s) is needed to isolate all children or staff exhibiting symptoms. The Isolation Area must be its own private space, isolated from other children and staff. In addition to ensuring the designated space is private and enclosed, programs must:
- Ensure six feet of distance is maintained
- Designate back-up areas if additional children need to be isolated in the area, but the space will not allow for six feet of distance to be maintained
- Ensure the continued use of face coverings at all times
- Staff should also wear gloves and the child can also be encouraged to wear gloves
- Monitor children constantly for worsening symptoms; COVID-19 high-risk category staff members cannot be designated to monitor this area

**Disinfecting the Isolation Area and Other Infected Areas**
After a person has been in the Isolation Area, the space must be disinfected prior to continued use. Additionally, staff should disinfect spaces, door knobs, light switches, and other surfaces that the person may have been in contact with that day.

- Close off areas used by the person suspected or confirmed to have COVID-19. Affected areas need to be closed off and cleaned and disinfected using the CDC guidelines on [Cleaning and Disinfecting Your Facility](https://www.cdc.gov/coronavirus/2019-ncov/prevent-getting-sick/prevention.html).
- Open outside doors and windows to increase air circulation in the areas, to the extent practicable while maintaining all health and safety standards.
- Wait 24 hours before you clean and disinfect. If 24 hours is not feasible, wait as long as possible (at least two hours).
- Clean and disinfect all areas used by the person suspected or confirmed to have COVID-19, such as bathrooms, common areas, and shared equipment.
- After cleaning and disinfecting the space, the room or area can be used immediately thereafter for other purposes.

**Child Illness Guidance:**

Should any staff notice symptoms in a child or should a child report any related symptoms:

1. Escort the child to the Isolation Area while wearing appropriate PPE.
2. Nurse should assess if the child is in acute respiratory distress for 911 activation
   - If the program does not have an on-site nurse, the identified site safety monitor should do this assessment. Programs may consult the nursing triage hotline if needed (more details to come).
   - If 911 is called, complete and submit a [DECE Occurrence Report](https://www2.healthconnector.org/).
3. If the child is stable enough, notify the child’s parent/guardian to come and pick up the child. Strongly advise the family to visit a doctor and get the student tested for COVID-19, and provide the information of the closest testing site, if asked.
4. **Upon completing the supervision of the child** (transferring custody to parent) the staff member should:
   1. Remove gloves (taking care to touch only the inner surface of the glove)
   2. Wash hands
   3. Remove face covering and smock (taking care to touch only the back of the items)
   4. Wash hands
   5. Dispose of all items in a regular garbage bin, or washed for reuse, as appropriate

**Staff Illness Guidance:** Should any staff notice or report any related symptoms, they should be immediately sent home and an adequate coverage plan should be put in place. 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](https://www2.healthconnector.org/). Any adults waiting with the employee should stay at least six feet away from the employee in the designated isolation space. Strongly advise the staff member to visit a doctor and get tested for COVID-19, and provide the information of the closest testing site, if asked.

**Family Member Illness Guidance:**
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 site for any reason, including picking up their child.

- If the family member – who is a member of the same household as the child – is exhibiting signs of COVID-19 or has been tested and is positive for the virus, utilize an emergency contact authorized by the parent to come pick up the child. As a “close contact,” the child must not return to the program for the duration of the quarantine.
- If the family member – 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 walk out or deliver the child to the family member 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.
- If a child or family member test positive for COVID-19, see the “When Can they Return?” and “External Reporting and Communication Protocols” section below.

When Can they Return?
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 has a confirmed, the person cannot attend the program, or any other child care program, until all the following are true:
  - It has been at least 10 days since their symptoms started; AND
  - They have not had fever for the last 24 hours without the use of fever-reducing medication; AND
  - Their overall illness has improved.
- If the person never had symptoms, they cannot attend the program for 10 days from the date that the specimen was obtained for their positive COVID-19 test
- 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.

COVID-19 Testing
Programs should ask all staff to be tested for COVID-19 at least seven days prior to the start of in-person services, including staff members working in any classrooms not contracted by the DOE. Participation in COVID-19 testing for program staff is entirely voluntary. Program staff members should also be encouraged to opt into monthly repeat surveillance COVID-19 testing. Testing may occur at any location, but staff are encouraged to use City-run testing sites.

- **Program-Specific Recommendations**: Programs are encouraged to be careful and caring with anyone showing symptoms of COVID-19. All staff should look for ways to minimize a challenging and stressful experience for staff and families, and make the situation easier for individuals who may be exhibiting symptoms.

  **Information for Families**: If a child is exhibiting symptoms of COVID-19, programs should provide information to families, including:
  - Requirements for the child to return to the program
  - Local healthcare and support resources
  - Information about remote learning and other supports the program can offer until the child is able to return in-person

**F. EXTERNAL REPORTING & COMMUNICATION PROTOCOLS**

- **Standard Requirements**: Programs are expected to adhere to current protocols and requirements for reporting contained in their contract and the 3-K for All & Pre-K for All Policy Handbook, including but not limited to, the following reasons:
  - The program’s applicable DOHMH/OCFS license or permit is suspended, deemed void, or revoked, including loss of facility for any reason
  - Suspicions of child abuse, maltreatment, corporal punishment, and verbal abuse
  - Unexpected closures
  - Health & safety incidents
  - Severe allergic reactions
  - Bus travel emergencies during a field trip
  - Move from the facility or room stated in your contract
  - FDNY inspection violations
  - Failed SCI/SCR clearance check
  - Accurate and timely accounting and budgeting
  - Staffing changes

Please note that additional agencies may need to be notified, based on the situation. In most cases you will be expected to notify your licensing agency.

For more information regarding reporting requirements please see the 3-K for All & Pre-K for All Policy Handbook.

- **COVID-19 Related Guidance**: Coordination with local authorities is crucial to proper response if positive cases are confirmed. Local authorities will guide you in your decision-making as to requiring
individuals to stay home, getting families tested when necessary, assessing potential risk for children and staff, and helping to determine if partial or full closure is necessary.

**Contract Tracing**
To ensure the health and safety of the local community, there are tracking systems in place to support both the local health agency’s investigations and our local community decisions. Contact tracing is the process by which local health officials will attempt to support quarantining and testing of individuals who have been placed at risk due to close contact with an infected individual. This process will be carried out by trained professionals based on information they will gather from the infected individual.

**A DOE-contracted 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.
- Staff member or parent/guardian self-reports to the program, and the program notifies the DOE, which works with the DOHMH to confirm the positive test result.

**If staff member(s) or parent/guardian(s) reports a positive COVID-19 case, the program will:**
1. You must immediately contact the DOE by completing this intake form. The DOHMH will also notify the DOE about any confirmed cases at DOE-contracted programs.
   - DOE-contracted programs must use this form for staff or child cases in both DOE-contracted AND non-DOE contracted classrooms.
2. Identify two contacts who are authorized to notify the DOE of self-reported cases and receive information back about confirmed cases.
   - This information must be treated as confidential and identifying information on cases should not be shared with the program community or others.
   - The DOHMH will investigate whether the person is a confirmed case of COVID-19, and share the results back with the DOE. The DOHMH will also follow up with the program and any confirmed cases directly.
   - Programs can expect to hear back from the DOE whether the case is confirmed by DOHMH within approximately three hours.
3. Programs must keep the DOE updated on all developments from the DOHMH investigation.
4. 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.
5. Programs must close off any areas used by the confirmed person, and follow the Centers for Disease Control and Prevention guidelines on “Cleaning and Disinfecting Your Facility” when cleaning and disinfecting those spaces.

**Upon notification of a positive staff or child test result at a contracted program, DOHMH will:**
- Investigate whether the person is a confirmed case of COVID-19.
- After a case is confirmed, DOHMH 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 the DOHMH 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 the DOHMH determines that the person was in the program during their infectious period, they will work with the program to create a confirmed list of everyone who
would have been a close contact (within six feet for at least 10 minutes) of the person in the program during their infectious period.

- This list of confirmed close contacts will likely include all of the presumed close contacts (staff and children from the same classroom or home care setting as the individual who tested positive). Depending on the program’s schedule, there may be other close contacts identified. For example, if children or staff move between groups, there may be close contacts in these other groups.

- The DOHMH may provide additional letter templates with further information to confirmed close contacts (including anyone not included in the initial group of presumed close contacts).

- All close contacts must quarantine and cannot attend the program, or any other child care program, for 14 days after their last contact with the infectious person. This is true even if the close contact receives a negative COVID-19 test result themselves during the quarantine period.

- Learning must continue remotely for all children from DOE-contracted classrooms who are in quarantine.

- The DOHMH will provide the list of close contacts to NYC Test and Trace Corps for contact intake and ongoing monitoring during the 14-day quarantine.

Upon notification of a positive staff or child test result at a contracted program, DOE will:

- Immediately 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.

- The two different letter templates include:

  - **Letter 1 (for presumed close contacts):** This letter is for staff and families of children who are presumed to be close contacts of the positive case because they are from the same classroom as the individual who tested positive; this classroom will be closed for 14 days. Letter 1 will state that they or their child has likely been in close contact with a COVID-19 positive individual, and will give directions to quarantine for 14 days from the date they were last exposed (if they develop symptoms during this time, they will need to isolate).

  - **Letter 2 (not everyone not presumed close contacts):** This letter is for staff and families of children who are not presumed to be close contacts of the individual who tested positive. This letter will state that there was a confirmed case of COVID-19 at the program, but that they or their child is not considered a close contact at this time and therefore there is currently no need to quarantine.

**Communication to Families**
Programs 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.

Whenever a case of COVID-19 is confirmed by DOHMH, programs must communicate to all families and staff enrolled in their program. Templates for these letters will be provided by DOE/DOHMH.

You should 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.

Visit the Following Sites for Emerging Guidance: DOE Early Childhood Summer/Fall 2020 Readiness Page, NYSED.gov COVID-19 Reopening School Guidance, NYC Health (DOHMH) COVID-19 & NYC Test & Trace Corps

● **Program-Specific Recommendation:** Programs should also identify all the relevant parties that will need to be notified in the case of programmatic changes or full or partial closure due to COVID-19. For programs in multipurpose buildings:
  - Ensure alignment of reporting and communication protocols among any groups that use the building.
  - To the extent possible, all groups using the facility should retain the name and contact information of anyone entering the facility, to enable tracking and tracing efforts.

● **Implementation Example:** Please see the “Implementation Templates and Resources” section to find the “Implementation Template: Communication Plan” provided for program use.
G. EMERGENCY PREPARATION AND PROGRAM CLOSURE

- **Standard Requirements**: Programs are required to establish policies and procedures for the safe operation of their program. Plans must be updated annually and kept in an accessible location at your facility where they may be used by staff for reference and be available for inspection. Your program must provide information regarding:
  - Accountability Procedures
    - Daily security
    - Screening of visitors
    - Drop-off/Pick-up protocols, including release of children to authorized individuals
    - Missing child protocol
  - Emergency preparedness drills
    - Emergency chain of command
    - Emergency equipment

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<table>
<thead>
<tr>
<th>Relevant Parties</th>
<th>Contact Information</th>
<th>Urgency / Notes</th>
<th>Staff Leading Communication</th>
</tr>
</thead>
<tbody>
<tr>
<td>Local health and government (may include DOHMH, NYC Test and Trace Corps, and DOE)</td>
<td>Comply with local health and government requests in relation to program closures, investigation of positive cases and contracting, and reopening</td>
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<tr>
<td>Family and Staff</td>
<td>Immediately notify of confirmed facts or information relevant to response</td>
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<tr>
<td>Facilities/Custodial</td>
<td>Communicate for adjustments to cleaning needs and for their personal safety</td>
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<tr>
<td>Food Provider</td>
<td>Inform of changes to scheduling inquire about meals for children during closure</td>
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<tr>
<td>Landlord</td>
<td>Inform of changes to scheduling</td>
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<tr>
<td>Transportation</td>
<td>Inform of changes to scheduling</td>
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<tr>
<td>Board (if applicable)</td>
<td>Inform of changes to scheduling</td>
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<tr>
<td>On-Site Provider (Nurse, Related service providers, Security, etc.)</td>
<td>Inform of changes to scheduling</td>
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<tr>
<td>Delivery [post office/LPS/FedEx]</td>
<td>Notify of extended closures</td>
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</tbody>
</table>
Age-specific emergency evacuation plans

- Staffing
  - Organizational chart
  - Child supervision policy
  - Staff-to-child ratios and staff schedules
  - Supervision (nap, bathroom, meal time, transportation)

- Maintenance, inspections, and safety
  - Fire safety
  - Food safety
  - Plan to respond to DOHMH Corrective Action Plan (if applicable)

- Health Care
  - Process for a daily health check
  - Procedures for first aid
  - Medication storage and administration (e.g., epinephrine auto-injectors) and emergency response
  - Infant sleep safety (required only for providers with an infant/toddler license)

- Employee orientation and ongoing staff training
  - Child abuse prevention, identification and reporting procedures
  - CPR training

- Family Orientation Guide

For more information regarding safety plan requirements please see the “Safety and Security: Plans and Procedures” section in the 3-K for All & Pre-K for All Policy Handbook.

- COVID-19 Related Guidance: Programs must comply with local health and government requests in relation to program closures, investigation of positive cases and contact tracing, and reopening of the program. Additional requirements will be communicated for programs to coordinate with DOHMH and DOE regarding any suspected/confirmed positive COVID-19 cases associated with your program.

Programs Closures:
If a child or staff member is exhibiting COVID-19 symptoms, but there is no laboratory-confirmed positive test result, there is no requirement to close the classroom or program building.

If there are two or more confirmed COVID-19 cases in a program:
  - If the cases are in the same classroom: The program stays open for in-person services, but the affected classroom must remain closed for 14 days; all students and staff in close contact with the positive cases must quarantine for 14 days.
  - If the cases are in different classrooms: The program must close in-person DOE services for a minimum of 24 hours while DOHMH and NYC Test + Trace Corps conduct their investigation. The DOE will provide the program with the letter template for presumed close contacts described above, as well as a letter template for all other staff and families (not presumed close contacts), notifying them of the closure.

- The DOHMH and NYC Test + Trace Corps will determine if the program needs to remain closed beyond the minimum 24 hours in order to reach the conclusion of the investigation.
If at its conclusion, the investigation is unable to determine a link between the cases, or if exposure outside the program setting is not confirmed for each case, the program must close all in-person DOE services for 14 days.

- This closure must include all DOE-contracted classrooms in the program (and any staff who work in any capacity with these contracted classrooms, including program administrators). The DOE strongly encourages closing, and should include any non-contracted classrooms as well.

- All DOE-contracted classrooms are required to transition to remote learning services for the duration of any classroom or program closure.

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

<table>
<thead>
<tr>
<th>Conclusion of Investigation</th>
<th>During Investigation (for at least 24 hours)</th>
<th>Post Investigation</th>
</tr>
</thead>
<tbody>
<tr>
<td>A. One confirmed case</td>
<td>Close classroom, transition to remote learning.</td>
<td>Classroom remains closed for 14 days; all children and staff in close contact with positive case quarantine for 14 days.</td>
</tr>
<tr>
<td>B. At least two cases in same classroom</td>
<td>Close classroom, transition to remote learning.</td>
<td>Classroom remains closed for 14 days; all children and staff in close contact with positive case quarantine for 14 days.</td>
</tr>
<tr>
<td>C. At least two cases in different classrooms, linked together in program</td>
<td>Close all contracted classrooms in program (strongly encouraged to close non-contracted classrooms) for investigation period of at least 24 hours. Transition DOE-contracted classrooms to remote learning.</td>
<td>All contracted classrooms not under quarantine open post investigation period (at least 24 hours). Classrooms of each case remain closed for 14 days; all children and staff in close contact with positive cases quarantine for 14 days.</td>
</tr>
<tr>
<td>D. At least two cases in different classrooms, linked together by circumstances outside of program</td>
<td>Close all contracted classrooms in program (strongly encouraged to close non-contracted classrooms) for investigation period of at least 24 hours. Transition DOE-contracted classrooms</td>
<td>All contracted classrooms not under quarantine open post investigation period (at least 24 hours). Classrooms of each case remain</td>
</tr>
</tbody>
</table>

Visit the Following Sites for Emerging Guidance: DOE Early Childhood Summer/Fall 2020 Readiness Page, NYSED.gov COVID-19 Reopening School Guidance, NYC Health (DOHMH) COVID-19 & NYC Test & Trace Corps
### Program-Specific Recommendations:

Program should develop a contingency plan for transitioning to remote learning and be ready to implement it. This plan should include the following considerations:

- Surveying and supporting families and staff regarding their at-home technology needs
- Roles and responsibilities for all program staff
- Attendance policies
- Supports for children with IFSPs or IEPs
- Support for families with difficulties navigating technology
- Ensuring all children and families have access to food, mental health services and technology, and internet
- Establishing checkpoints for family communication updates

### V. IMPLEMENTATION TEMPLATES & RESOURCES

The section below provides templates that can be easily modified to fit your program’s needs or completed as is. It includes:

- A. Implementation Guide: Health Monitors Assignment
- B. Implementation Guide: Materials Distribution
- C. Implementation Guide: Signs and Directional Markers
- D. Implementation Guide: Children Documentation Management
- E. Implementation Guide: Staff Documentation Management
- F. Implementation Guide: Staff Training Schedule
- G. Implementation Guide: Staff Coverage Schedule
**A. IMPLEMENTATION GUIDE: HEALTH MONITORS ASSIGNMENTS**

<table>
<thead>
<tr>
<th>Title</th>
<th>Name</th>
<th>Contact</th>
<th>Responsibilities</th>
<th>Point of Contact for:</th>
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**B. IMPLEMENTATION GUIDE: MATERIALS DISTRIBUTION**

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<thead>
<tr>
<th>Materials</th>
<th># Classrooms</th>
<th># Children</th>
<th># Staff</th>
<th># Common Areas</th>
<th>Centrally Provided by the DOE Y/N</th>
<th>Cost Per Unit</th>
<th>Total Cost</th>
<th>Notes</th>
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<td>Disposable masks</td>
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<td>Infrared Forehead Thermometers and Batteries (for temperature checks)</td>
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<td>Disinfectant - EPA-Approved List</td>
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<td>Flame-retardant polycarbonate (light transmitting) plastics or other partitions for specific spaces and for temperature screening station</td>
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<td>Oral thermometers for families and staff to use at home as per pre-arrival screening</td>
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### Standard Classroom Materials

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### C. IMPLEMENTATION GUIDE: SIGNS AND DIRECTIONAL MARKERS

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<thead>
<tr>
<th>SIGN AND DIRECTIONAL MARKERS</th>
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</thead>
<tbody>
<tr>
<td>Signage</td>
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<tr>
<td>Floor Markings</td>
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</tbody>
</table>
### Health screening prompts for screening areas

| ● | ● |

### Classroom Schedules

| ● | ● |

### Sanitizer or hand washing stations signage

| ● | ● |

### ‘General Visitations Not Currently Permitted’

| ● | ● |

### Rules for use and/or cleaning of common hardware

| ● | ● |

### Other

| Other | Other | Other | Other |

---

**D. IMPLEMENTATION GUIDE: CHILD DOCUMENTATION MANAGEMENT**

#### CHILD DOCUMENTATION MANAGEMENT

<table>
<thead>
<tr>
<th>Responsibility</th>
<th>Point Person</th>
<th>Follow-up Response</th>
<th>Frequency</th>
</tr>
</thead>
</table>
| Reviewing returning child documentation for expired documentation | | 1. Follow up with family in writing and over the phone with a list of incomplete documentation and available resources to bring their child’s health up-to-date. To ensure their child’s health, as well as the school community’s safety, they will not be able to begin in-person services without submitting the required documentation.  
2. Once documentation is submitted, make a copy and return the original to the family  
3. Record submission of document in tracking system  
4. If applicable, upload document to online portal  
5. Ensure that the hard copy is entered in the child’s folder in a secure and confidential manner | June-August- Ongoing until all enrolled children’s health is up-to-date |
| Collecting and tracking required documentation for newly | | 1. Follow up with family in writing and over the phone with a list of incomplete documentation and available resources to bring their child’s health up-to-date. To ensure their child’s health, as well as the school community’s safety, they will not be able to resume in- | May-August- Ongoing until all enrolled children’s health is up-to- |
enrolled children

person services without submitting the required documentation.
2. Once documentation is submitted, make a copy and return the original to the family
3. Record submission of document in tracking system
4. If applicable, upload document to online portal
5. Ensure that the hard copy is entered in child’s folder in a secure and confidential

Ongoing tracking of expiring child files

1. Every first of the month review all child files (helpful to send yourself a recurring calendar reminder)
2. Proactively follow up (ideally a month in advance) with family in writing and over the phone with a list of expiring documentation and available resources to bring their child’s health up-to-date.
3. Once documentation is submitted, make a copy and return the original to the family
4. Record submission of document in tracking system
5. If applicable, upload document to online portal
6. Ensure that the hard copy is entered in child’s folder in a secure and confidential

E. IMPLEMENTATION GUIDE: STAFF DOCUMENTATION MANAGEMENT

STAFF DOCUMENTATION MANAGEMENT

<table>
<thead>
<tr>
<th>Responsibility</th>
<th>Point Person</th>
<th>Follow-up Response</th>
<th>Frequency</th>
</tr>
</thead>
<tbody>
<tr>
<td>Reviewing returning staff documentation</td>
<td></td>
<td>1. Follow up with staff in writing and over the phone with a list of incomplete or expiring documentation and available resources to bring their requirements up-to-date. They will not be able to provide services without submitting the required documentation.</td>
<td>June-August 31 - ongoing until child health records up-to date</td>
</tr>
</tbody>
</table>
| Collecting and tracking required documentation for newly hired staff | 1. Follow up with staff in writing and over the phone with a list of incomplete documentation and available resources to bring their requirements up-to-date. **They will not be able to provide services without submitting the required documentation.**  
2. Once documentation is submitted, make a copy and return the original to the staff  
3. Record submission of document in tracking system  
4. If applicable, upload document to online portal  
5. Ensure that the hard copy is entered in staff’s folder in a secure and confidential manner | Prior to any new staff starting |
|---|---|---|
| Ongoing tracking of expiring staff files | 1. Review staff documentation every first of the month (helpful to send yourself a recurring calendar reminder)  
2. Proactively follow up (ideally a month in advance) with staff in writing and over the phone with a list of expiring documentation, date of expiration, and required submission date.  
3. Once documentation is submitted, make a copy and return the original to the staff  
4. Record submission of document in tracking system  
5. If applicable, upload document to online portal  
6. Ensure that the hard copy is entered in staff’s folder in a secure and confidential | Every start of the month |

<table>
<thead>
<tr>
<th>Responsibility</th>
<th>Point Person</th>
<th>Follow-up Response</th>
</tr>
</thead>
<tbody>
<tr>
<td>Other</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Other</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Other</td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

F. IMPLEMENTATION GUIDE: STAFF TRAINING SCHEDULE
<table>
<thead>
<tr>
<th>Provider Type</th>
<th>Training</th>
<th>Staff Requirement</th>
<th>Date of Delivery</th>
<th>Required Staff</th>
<th>Course Information</th>
</tr>
</thead>
<tbody>
<tr>
<td>All Providers</td>
<td>Emergency Procedures</td>
<td>● Required for all program employees and volunteers</td>
<td></td>
<td></td>
<td>● Training must be provided by program leadership</td>
</tr>
<tr>
<td></td>
<td></td>
<td>● Training must be provided within three months of hire</td>
<td></td>
<td></td>
<td>● Opening Facility and Conference Safety Training</td>
</tr>
<tr>
<td></td>
<td></td>
<td>and on an ongoing annual basis</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>All Providers</td>
<td>Safety Plan</td>
<td>Required for all program employees and volunteers</td>
<td></td>
<td></td>
<td>● Training must be provided by program leadership</td>
</tr>
<tr>
<td></td>
<td></td>
<td>Training must be provided within three months of hire</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td></td>
<td>and on an ongoing annual basis</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>All Providers</td>
<td>CPR and First Aid</td>
<td>● At least one staff member certified in CPR and first</td>
<td></td>
<td></td>
<td>● Programs should contact the American Red Cross and their licensing agency for</td>
</tr>
<tr>
<td></td>
<td></td>
<td>aid must be on-site at all times.</td>
<td></td>
<td></td>
<td>course information</td>
</tr>
<tr>
<td></td>
<td></td>
<td>● Staff must renew their certification every 2–3 years</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>All Providers</td>
<td>Child Abuse and Maltreatment Identification, Reporting, and Prevention</td>
<td>● Required for staff who have the potential for unsupervised contact with pre-K students (including volunteers)</td>
<td></td>
<td></td>
<td>● Two hours of training that must be provided by a New York State Office of Children and Family Services (OCFS) certified trainer</td>
</tr>
<tr>
<td></td>
<td></td>
<td>● Must be completed by new employees within 6 months of being hired and by all staff every 24 months</td>
<td></td>
<td></td>
<td>● For course information, please review the online course offered by OCFS</td>
</tr>
<tr>
<td>All Providers</td>
<td>OSHA Blood-borne Pathogen</td>
<td>● Required for all staff involved in assisting students with toileting, including lead teachers and paraprofessionals</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td></td>
<td>● Training must be completed annually</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>A47 and A43 Providers</td>
<td>Epinephrine Auto-injector Training</td>
<td>● Training must be completed by at least two staff members</td>
<td></td>
<td></td>
<td>● Programs should reach out to their licensing agency for assistance</td>
</tr>
<tr>
<td>A47 and A43 Providers</td>
<td>Epinephrine Auto-injector Training</td>
<td>● Training must be completed by at least two staff members</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>All Providers</td>
<td>SIDS/safe sleep/shaken baby</td>
<td>At least one staff member trained in administering Epi-pens must be on site at all times</td>
<td>Programs should reach out to their licensing agency for assistance</td>
<td></td>
<td></td>
</tr>
<tr>
<td>---------------</td>
<td>----------------------------</td>
<td>----------------------------------------------------------------------------------</td>
<td>------------------------------------------------------------------</td>
<td></td>
<td></td>
</tr>
<tr>
<td>All Providers</td>
<td>Infection Control and Reporting Infectious Diseases</td>
<td>Required for all staff members</td>
<td>Online courses are available via: - The American Academy of Pediatrics - Infectious Control Training Solutions - VMD Health Care Training</td>
<td></td>
<td></td>
</tr>
<tr>
<td>All Providers</td>
<td>Medication Administration Training</td>
<td>Must be completed at least once by Lead Teachers and Paraprofessionals within three months of hire</td>
<td>Programs should contact a Child Care Resource and Referral Consortium (CCRR) for training information</td>
<td></td>
<td></td>
</tr>
<tr>
<td>All Providers</td>
<td>All Staff Bi-Annual Training</td>
<td>Recommended for all Article 47 Day Care Centers* - Required for all Article 47 Day Care Centers who serve one or more students requiring non-emergency medication administration</td>
<td>Programs should contact their licensing agency for more information</td>
<td></td>
<td></td>
</tr>
<tr>
<td>All Providers</td>
<td>Employee Handbook</td>
<td>All staff must complete 15 hours of training every 24 months (inclusive of 2 hours of Child Abuse and Maltreatment training) on subjects including children’s cognitive, social, emotional, and physical development, family engagement, mental health first aid, child health and safety</td>
<td>Training must be provided by program leadership</td>
<td></td>
<td></td>
</tr>
<tr>
<td>All Providers</td>
<td>Parent Handbook</td>
<td>Recommended for all staff members annually</td>
<td>Training must be provided by program leadership</td>
<td></td>
<td></td>
</tr>
<tr>
<td>All Providers</td>
<td>DECE Policy Handbook</td>
<td>Recommended for all staff members annually</td>
<td>Training must be provided by program leadership</td>
<td></td>
<td></td>
</tr>
</tbody>
</table>
All Providers | Staff routine and procedures, including:  
1. Monitoring children for COVID-19 symptom  
2. Hygiene and cleaning guidelines and requirements  
3. Child routine and procedures (arrival, transition, dismissal) |  
Recommended for all staff members **annually** |  
- Training must be provided by program leadership

### G. IMPLEMENTATION GUIDE: STAFF COVERAGE SCHEDULE

<table>
<thead>
<tr>
<th>Coverage</th>
<th>Staff</th>
<th>Role, Staff Certification or Training</th>
<th>Arrival Time</th>
<th>Departure Time</th>
<th>Coverage Follow-up</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>
### H. IMPLEMENTATION GUIDE: DAILY HEALTH SCREENING QUESTIONNAIRE

<table>
<thead>
<tr>
<th>Staff Daily Health Screener</th>
<th>Child Daily Health Screener</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>1.</strong> In the past 10 days, have you experienced any of the following symptoms of COVID-19 (as per the <a href="https://www.nyc.gov">NYC DOHMH</a>)?</td>
<td></td>
</tr>
<tr>
<td>○ Fever or chills</td>
<td></td>
</tr>
<tr>
<td>○ Cough</td>
<td></td>
</tr>
<tr>
<td>○ Shortness of breath or difficulty breathing</td>
<td></td>
</tr>
<tr>
<td>○ Fatigue</td>
<td></td>
</tr>
<tr>
<td>○ Muscle or body aches</td>
<td></td>
</tr>
<tr>
<td>○ Headache</td>
<td></td>
</tr>
<tr>
<td>○ New loss of taste or smell</td>
<td></td>
</tr>
<tr>
<td>○ Sore throat</td>
<td></td>
</tr>
<tr>
<td>○ Congestion or runny nose</td>
<td></td>
</tr>
<tr>
<td>○ Nausea or vomiting</td>
<td></td>
</tr>
<tr>
<td>○ Diarrhea</td>
<td></td>
</tr>
<tr>
<td><strong>2.</strong> If yes, is there any reason to explain why you have the symptom(s) listed (i.e. muscle fatigue because I’m training for a race/ marathon).</td>
<td></td>
</tr>
<tr>
<td><strong>3.</strong> In the past 10 days, have you tested positive for COVID-19? (as per the <a href="https://www.nyc.gov">NYC DOHMH</a>)</td>
<td></td>
</tr>
<tr>
<td><strong>4.</strong> In the past 14 days, have you been in close contact with someone who tested positive for COVID-19 or is suspected to have COVID-19? (as per the <a href="https://www.nyc.gov">NYC DOHMH</a>)</td>
<td></td>
</tr>
<tr>
<td>○ Close contact is defined as contact within 6 feet for a period for 10 minutes or more.</td>
<td></td>
</tr>
<tr>
<td><strong>5.</strong> Have you traveled outside of New York state to any of the states listed in the <a href="https://www.health.ny.gov/prevention/travel/advisories.shtml">travel advisory</a> in the past 14 days?</td>
<td></td>
</tr>
<tr>
<td><strong>6.</strong> Have completed an at home temperature check? If so, was your temperature above 100.0 degrees Fahrenheit? Y/N</td>
<td></td>
</tr>
</tbody>
</table>

| **1.** Child Name: __________________________ |
| **2.** Classroom:____________________________ |
| I confirm this morning: |
| [   ] My child’s temperature is below 100.0 degrees Fahrenheit and he/she does not have any COVID-19 symptoms (sore throat, coughing, difficulty breathing, diarrhea, nausea, vomiting, new loss of smell or taste, fatigue, muscle or body aches, congestion or runny nose). |
| [   ] My child has not had close contact with anyone who has tested positive for COVID-19, is under quarantine, or is showing symptoms of COVID-19 in the past 14 days. (as per the [NYC DOHMH](https://www.nyc.gov)) (Close contact is defined as contact within 6 feet for a period for 15 minutes or more.) |
| [   ] My child has not traveled outside of New York state to any of the states listed in the [travel advisory](https://www.health.ny.gov/prevention/travel/advisories.shtml) in the past 14 days? |
| Family Signature: __________________________ |
| Date: _______________ |

If you cannot check off all boxes, your child must remain at home. Please inform us of their absence and consult with your physician about having them tested for COVID-19.
# I. IMPLEMENTATION GUIDE: STAFF HEALTH CHECK PROCESS

## STAFF ARRIVAL AND HEALTH CHECK PROCESS

### Pre-arrival and set-up

<table>
<thead>
<tr>
<th>Point Person</th>
<th>Time</th>
<th>Follow-up Response</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td></td>
<td>● Review submitted online questionnaire</td>
</tr>
<tr>
<td></td>
<td></td>
<td>○ If information missing/incomplete make a note</td>
</tr>
<tr>
<td></td>
<td></td>
<td>○ If information is complete, clear staff</td>
</tr>
<tr>
<td></td>
<td></td>
<td>● Set up screening stations (desk/table, thermometer, paper questionnaire, collection basket, flame-retardant polycarbonate (light transmitting) plastics barrier, computer)</td>
</tr>
<tr>
<td></td>
<td></td>
<td>● Post signage</td>
</tr>
<tr>
<td></td>
<td></td>
<td>● Open doors</td>
</tr>
<tr>
<td></td>
<td></td>
<td>● Instruct staff and distribute pens and paper questionnaire and pens to those who need it</td>
</tr>
<tr>
<td></td>
<td></td>
<td>● Maintain social distancing</td>
</tr>
</tbody>
</table>

### Morning Arrival Health Check and Clearance *(Wearing face coverings at all times)*

<table>
<thead>
<tr>
<th>Point Person</th>
<th>Time</th>
<th>Follow-up Response</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td></td>
<td><strong>Online Health Check Submission</strong></td>
</tr>
<tr>
<td></td>
<td></td>
<td>Review submission of tracker and notes:</td>
</tr>
<tr>
<td></td>
<td></td>
<td>● If an online questionnaire has been cleared:</td>
</tr>
<tr>
<td></td>
<td></td>
<td>○ Ensure staff signs-in</td>
</tr>
<tr>
<td></td>
<td></td>
<td>● If an online health check has missing/incomplete information or is missing a temperature screening:</td>
</tr>
<tr>
<td></td>
<td></td>
<td>○ Direct to “follow-up” area</td>
</tr>
<tr>
<td></td>
<td></td>
<td><strong>In-Person Health Check</strong></td>
</tr>
<tr>
<td></td>
<td></td>
<td>Collect and review printed questionnaire:</td>
</tr>
<tr>
<td></td>
<td></td>
<td>● If printed questionnaire is complete and temperature screening was completed at home:</td>
</tr>
<tr>
<td></td>
<td></td>
<td>○ Clear staff</td>
</tr>
<tr>
<td></td>
<td></td>
<td>○ Track submission</td>
</tr>
<tr>
<td></td>
<td></td>
<td>○ Ensure staff signs-in</td>
</tr>
<tr>
<td></td>
<td></td>
<td>● If questionnaire does not meet health check standard <em>(missing or incomplete information, or indicating Covid-19 related symptoms)</em> or temperature screening not completed at home:</td>
</tr>
<tr>
<td></td>
<td></td>
<td>○ Send to the “follow-up” area</td>
</tr>
</tbody>
</table>
### Follow-up Area *(Wearing face coverings at all times)*

<table>
<thead>
<tr>
<th>Point Person</th>
<th>Time</th>
<th>Follow-up Response</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td></td>
<td><strong>Incomplete/Missing Information</strong></td>
</tr>
<tr>
<td></td>
<td></td>
<td>- Instruct staff to complete missing/incomplete information, if meets health check standard:</td>
</tr>
<tr>
<td></td>
<td></td>
<td>- Clear staff</td>
</tr>
<tr>
<td></td>
<td></td>
<td>- Track submission</td>
</tr>
<tr>
<td></td>
<td></td>
<td>- Ensure staff signs-in</td>
</tr>
<tr>
<td></td>
<td></td>
<td>- If the questionnaire indicates COVID-19 related symptoms, ensure this information was written knowingly. If so, follow the “Staff Illness Guidance”</td>
</tr>
</tbody>
</table>

|              |      | **Temperature Screening**  |
|              |      | Conduct in-person temperature screening  |
|              |      | - If temperature check meets health check standard below (~100.0):  |
|              |      |   - Clear staff  |
|              |      |   - Track submission and completion of health check (pass/fail)  |
|              |      |   - Ensure staff signs-in  |
|              |      | - If temperature check fails health check standard above (~100.0):  |
|              |      |   - Wait 5 minutes and take temperature again  |
|              |      |   - If temperature remains the same, follow “Staff Illness Guidance”  |

### Late Staff Clearance *(Wearing face coverings at all times)*

<table>
<thead>
<tr>
<th>Point Person</th>
<th>Time</th>
<th>Follow-up Response</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td></td>
<td><strong>Online Health Check Submission</strong></td>
</tr>
<tr>
<td></td>
<td></td>
<td>Review submission of online questionnaire and notes:</td>
</tr>
<tr>
<td></td>
<td></td>
<td>- If an online questionnaire has been cleared:</td>
</tr>
<tr>
<td></td>
<td></td>
<td>- Ensure staff signs-in</td>
</tr>
<tr>
<td></td>
<td></td>
<td>- If an online questionnaire has missing/incomplete information or is missing a temperature screening:</td>
</tr>
<tr>
<td></td>
<td></td>
<td>- Instruct staff to complete missing/incomplete information, if meets health check standard:</td>
</tr>
<tr>
<td></td>
<td></td>
<td>■ Clear staff</td>
</tr>
<tr>
<td></td>
<td></td>
<td>■ Track submission</td>
</tr>
<tr>
<td></td>
<td></td>
<td>■ Ensure staff signs-in</td>
</tr>
<tr>
<td></td>
<td></td>
<td>- If the questionnaire indicates COVID-19 related symptoms, ensure this</td>
</tr>
</tbody>
</table>

|              |      | **In-Person Health Check**  |
|              |      | Collect and review printed questionnaire:  |
|              |      | - If printed questionnaire is complete and temperature screening was completed at home:  |
|              |      |   - Clear staff  |
|              |      |   - Track submission  |
|              |      |   - Ensure staff signs-in  |
|              |      | - If questionnaire does not meet health check standard *(missing or incomplete information, or indicating Covid-19 related symptoms)* or temperature screening not completed at home:  |
|              |      |   - Instruct staff to complete missing/incomplete  |
information was written knowingly. If so, follow the “Staff Illness Guidance”

**Temperature Screening**
- If temperature check meets health check standard below (~100.0):
  - Clear staff
  - Track submission and completion of health check (pass/fail)
  - Ensure staff signs-in
- If temperature check fails health check standard above (~100.0):
  - Wait 5 minutes and take temperature again
  - If temperature remains the same, follow “Staff Illness Guidance”

<table>
<thead>
<tr>
<th>Other</th>
<th></th>
</tr>
</thead>
<tbody>
<tr>
<td>Other</td>
<td></td>
</tr>
</tbody>
</table>
## J. IMPLEMENTATION GUIDE: CHILD HEALTH CHECK PROCESS

### CHILD HEALTH CHECK PROCESS

#### Pre-arrival and set-up

<table>
<thead>
<tr>
<th>Point Person</th>
<th>Time</th>
<th>Follow-up Response</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

- Set up screening station (desk/table, thermometer, questionnaire collection basket, flame-retardant polycarbonate (light transmitting) plastics barrier)
- Review submitted online questionnaire
  - If missing temperature screening make a note
  - If information missing/incomplete make a note
  - If information is complete, clear staff and track submission
- Set up in-person screening area (should include flame-retardant polycarbonate (light transmitting) plastics)
- Post signage
- Open doors
- Instruct families
- Maintain social distancing

#### Morning Arrival Health Check and Clearance * (Wearing face coverings at all times)

<table>
<thead>
<tr>
<th>Point Person</th>
<th>Time</th>
<th>Follow-up Response</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

### Online Health Check Submission

Review submission of tracker and notes:
- If an online questionnaire has been cleared and tracked, ensure child is safely transported to class
- If an online health check has missing/incomplete information or is missing a temperature screening:
  - Direct family to "follow-up" area

### In-Person Health Check

Collect and review printed questionnaire:
- If printed questionnaire is complete and temperature screening was completed at home:
  - Clear child
  - Track submission
  - Ensure child is safely transported to class
- If questionnaire does not meet health check standard * (missing or incomplete information, or indicating Covid-19 related symptoms) or temperature screening not completed at home:
  - Send family to “follow-up” area

### Follow-up Area * (Wearing face coverings at all times)
### Incomplete/Missing Information
- Instruct family to complete missing/incomplete information, if meets health check standard:
  - Clear child
  - Track submission
  - Ensure child is safely transported to class
- If the questionnaire indicates COVID-19 related symptoms, ensure this information was written knowingly. If so, follow the “Child Illness Guidance”

### Temperature Screening
Conduct in-person temperature screening
- If temperature check meets health check standard below (~100.0):
  - Clear staff
  - Track submission
  - Ensure child is safely transported to class
- If temperature check fails health check standard above (~100.0):
  - Wait 5 minutes and take temperature again
  - If temperature remains the same, follow “Children Illness Guidance”

### Late Staff Clearance (Wearing face coverings at all times)

<table>
<thead>
<tr>
<th>Point Person</th>
<th>Time</th>
<th>Follow-up Response</th>
</tr>
</thead>
</table>
| **Online Health Check Submission**  
Review tracker and notes:  
- If an online questionnaire has been cleared:  
  - Ensure child is safely transported to classroom  
- If an online health check has missing/incomplete information or is missing a temperature screening:  
  - Instruct family to complete missing/incomplete information, if meets health check standard:  
    - Clear child  
    - Track submission  
    - Ensure child is safely transported to classroom  
  - If the questionnaire indicates COVID-19 related symptoms, |

| **In-Person Health Check**  
Collect and review printed questionnaire:  
- If printed questionnaire is complete and temperature screening was completed at home:  
  - Clear staff  
  - Track submission  
  - Ensure child is safely transported to classroom  
- If questionnaire does not meet health check standard (missing or incomplete information, or indicating Covid-19 related symptoms) or temperature screening not completed at home:  
  - Instruct staff to complete missing/incomplete information, if meets health check standard:  
    - Clear staff  
    - Track submission  
    - Ensure staff signs-in  
  - If the questionnaire indicates COVID-19 related symptoms, ensure this information was written knowingly. If so, follow the “Children Illness Guidance” |
Temperature Screening

- If temperature check meets health check standard below (~100.0):
  - Clear child
  - Track submission
  - Ensure child is safely transported to classroom
- If temperature check fails health check standard above (~100.0):
  - Wait 5 minutes and take temperature again
  - If temperature remains the same, follow “Children Illness Guidance”

K. IMPLEMENTATION GUIDE: DAILY CLASSROOM CLEANING LOG

<table>
<thead>
<tr>
<th>Helpful Reminders</th>
<th>Daily Classroom Cleaning Log</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>Week of: Enter date</strong></td>
<td><strong>Soft toys and materials should be removed from classrooms (soft dolls, dress-up clothes, puppets, pillows, etc)</strong></td>
</tr>
<tr>
<td></td>
<td><strong>Label and store children’s belongings individually (may not be shared with other children)</strong></td>
</tr>
<tr>
<td></td>
<td><strong>Rotate toys that are out at any one particular time so that they can be adequately cleaned and sanitized</strong></td>
</tr>
<tr>
<td></td>
<td><strong>Supervise plastic or play foods, play dishes and utensils to prevent shared mouthing of these toys</strong></td>
</tr>
<tr>
<td></td>
<td><strong>Set aside toys that need to be cleaned in a separate container called “soiled toys” to be cleaned with soapy water</strong></td>
</tr>
<tr>
<td></td>
<td><strong>Limit shared materials in outdoor play or gross motor between stable groups</strong></td>
</tr>
<tr>
<td></td>
<td><strong>Keep all chemical products out of reach of children and do not use them when children/youth are present</strong></td>
</tr>
</tbody>
</table>
- Allow adequate time for indoor spaces to air out before allowing children back in

<table>
<thead>
<tr>
<th>Daily Duties</th>
<th>Frequency</th>
<th>Point Person</th>
<th>Weekly Checklist</th>
</tr>
</thead>
<tbody>
<tr>
<td>Tables and chairs where meals are held</td>
<td>Before and after use</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Diapering station</td>
<td>Before and after use</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Door knobs and handles</td>
<td>Daily</td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td>More routine cleaning as needed</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Classroom desks and chairs</td>
<td>Daily</td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td>More routine cleaning as needed</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Countertops</td>
<td>Daily</td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td>More routine cleaning as needed</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Door knobs and handles</td>
<td>Daily</td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td>More routine cleaning as needed</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Shared toys</td>
<td>Daily</td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td>More routine cleaning as needed</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Shared desktops</td>
<td>Daily</td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td>More routine cleaning as needed</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Shared computer keyboards and mice</td>
<td>Daily</td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td>More routine cleaning as needed</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Toilets, faucets, sinks</td>
<td>Daily</td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td>More routine</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Item</td>
<td>Frequency</td>
<td></td>
<td></td>
</tr>
<tr>
<td>-------------------------------------------</td>
<td>--------------------</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Outdoor play or gross motor materials</td>
<td>Between uses</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Bedding that touches a child’s skin</td>
<td>Weekly</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Carpets, rugs, and drapes</td>
<td>Weekly, or when visibly soiled</td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

**L. IMPLEMENTATION GUIDE: FACILITY AND BUILDING MAINTENANCE**

<table>
<thead>
<tr>
<th>FACILITY AND BUILDING MAINTENANCE</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>Point Person</strong></td>
</tr>
<tr>
<td>Review and collect daily classroom cleaning log from teachers</td>
</tr>
<tr>
<td>DOHMH sample cleaning log</td>
</tr>
<tr>
<td>DECE provided monthly checklist</td>
</tr>
</tbody>
</table>
## M. IMPLEMENTATION GUIDE: COMMUNICATION PLAN

### COMMUNICATION PLAN

<table>
<thead>
<tr>
<th>Relevant Parties</th>
<th>Contact Information</th>
<th>Urgency / Notes</th>
<th>Staff Leading Communication</th>
</tr>
</thead>
<tbody>
<tr>
<td>Local health and government (may include DOHMH, NYC Test and Trace Corps, and DOE)</td>
<td></td>
<td>Comply with local health and government requests in relation to program closures, investigation of positive cases and contracting, and reopening</td>
<td></td>
</tr>
<tr>
<td>Family and Staff</td>
<td></td>
<td>Immediately notify of confirmed facts or information relevant to response</td>
<td></td>
</tr>
<tr>
<td>Facilities/Custodial</td>
<td></td>
<td>Communicate for adjustments to cleaning needs and for their personal safety</td>
<td></td>
</tr>
<tr>
<td>Food Provider</td>
<td></td>
<td>Inform of changes to scheduling Inquire about meals for children during closure</td>
<td></td>
</tr>
<tr>
<td>Landlord</td>
<td></td>
<td>Inform of changes to scheduling</td>
<td></td>
</tr>
<tr>
<td>Transportation</td>
<td></td>
<td>Inform of changes to scheduling</td>
<td></td>
</tr>
<tr>
<td>Board (if applicable)</td>
<td></td>
<td>Inform of changes to scheduling</td>
<td></td>
</tr>
<tr>
<td>On-Site Provider (Nurse, Related service providers, Security, etc.)</td>
<td></td>
<td>Inform of changes to scheduling</td>
<td></td>
</tr>
<tr>
<td>Delivery [post office/UPS/FedEx]</td>
<td></td>
<td>Notify of extended closures</td>
<td></td>
</tr>
</tbody>
</table>

**Standard Communication Requirements**
The following is a non-exhaustive list of valuable resources, primarily from the state, city, department of education, and departments of health. These resources should be considered minimal mandatory reading. Additionally, programs should add other important resources to this section for reference and consider which additional staff should be required to read over materials.

**Covid 19-Specific Guidance & Resources**
- [NYSED.gov COVID-19](#)
- [NYC Health (DOHMH) COVID-19](#)
- State DOH website
- [Centers for Disease Control (CDC) guidance](#)
- World Health Organization (WHO) Coronavirus Disease Pandemic
- Federal Coronavirus.gov

**Operational Planning Guidance & Resources**
- [DOE Early Childhood Summer/Fall 2020 Readiness Page](#)
- [3-K and Pre-K for All Policy Handbook](#)
- [NY Forward Safety Plan Template](#)
- [Health Code and Rules: Article 47 & Article 43](#)
- [NYS OCFS June 2020 guidance](#)
- [Reopening NYC: Checklist for Child Care Program](#)
- [Early Childhood Framework for Quality (EFQ)](#)

**Family Engagement and Instructional Guidance and Resources**
- [Family Schedule Needs Sample Survey](#)
- [Guidance for Remote Learning in 3-K and Pre-K](#)
- [Learn at Home: Early Childhood](#)
- [Meaningful Child and Family Engagement and Interaction to Account for Attendance](#)

**Medical, Nutrition and Mental Health Services Guidance and Resources**
- [Medical Requirements for Child Care](#)
- [Allergy Response Plan](#)
- [Emergency Contact Card](#)
- [CACFP Guidance](#)