New York City Department of Education
Division of Early Childhood Education
Health and Safety Guidance
for
Family Child Care Networks
& Affiliated Providers
(as of 9/29/2020)

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

Introduction: Promoting Health and Safety through Trauma-Informed Care

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

As we begin to plan for what the 2020-2021 school year might look like for our birth-to-five programs, we must recognize that our choices can support children, families, and staff's ability to cope with the trauma of the pandemic, but can also, if we aren't careful, exacerbate traumatic experiences. To mitigate any possible harm or retraumatization, the Division of Early Childhood Education wants to partner with you as program leaders to have a trauma-informed approach to this pandemic.

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

Just as we strive to meet you where you are and provide as much clarity, predictability, and social-emotional awareness as possible, we aim to provide some resources and suggestions for you in order to implement the Health and Safety Guidance in this resource in a responsive way for Network staff, affiliated providers, their staff and families. The Trauma-Informed Care resources and suggestions in this document include:

1. Suggestions for Introducing Health and Safety Guidance to Network Staff, Affiliated Providers, and Families in a Responsive Way
2. Suggested Agenda for a Virtual Family Orientation Upon Affiliated Providers' Reopening
3. Self-Care Checklist (located in Additional Resources)
4. Each section in this guidance includes a "Trauma Informed Care Consideration" that uniquely speaks to the topics covered in that section and how they can be approached in a way that prioritizes the wellbeing of your community

Overview of COVID-19 FCC Health and Safety Requirements

This Health and Safety guidance is specific to Network affiliated providers and outlines what they should use to help establish measures for safety in their Family Day Care and Group Family Day Care home to prepare for re-opening or to continue to operate. This guidance is aligned to the State's guidance as outlined in the New York State Interim COVID-19 Guidance for Child Care and Day Camp Programs ("NYS June 2020 guidance"), and the Centers for Disease Control and Prevention's Guidance for Child Care Programs that Remain Open ("CDC April 2020 guidance"), and outlines additional DOE expectations which are subject to change.

In addition, we have also included some best practices for Networks to consider for their staff as they return to their Network offices. To better understand the health and safety policies Networks are expected to follow, it is recommended that Network staff connect with their Human Resources department at their agencies.

Prior to re-opening, all NYC early childhood programs, including family child care affiliated providers must successfully complete all NYCDOE and licensing requirements, as well as other CDC, state, and federal requirements. Networks must ensure that their Network staff and affiliated providers understand this guidance. These include:

- Carefully review the NYS June 2020 guidance and ensure affiliated providers complete an affirmation online
- Complete and post the NYS Business Reopening Safety Plan Template.
- Carefully review the DECE Monitoring Checklist and the Reopening NYC Checklist; a Network staff member will reach out to walk affiliated providers through both checklists starting September 1, 2020
    - Checklists will be completed virtually (unless Network has resumed program site visits)
    - Networks must support affiliated providers in correcting any items that were flagged during check
    - Once completed, Network must submit the checklist to their FCC Support Manager and should send copies to the affiliated provider so they can keep onsite.

Many of the typical requirements for family child care affiliated programs will remain in place, while others will need to be modified during this time. Affiliated providers should still refer to the Family Child Care Network Handbook. However, where expectations differ, Networks must ensure that affiliated providers adhere to this Health and Safety guidance, guidance issued by New York State, Office of Children and Family Services (OCFS), and guidance issued by New York City Department of Health and Mental Hygiene (DOHMH). All guidance is subject to revision and approval by City, State, and Federal regulatory and funding agencies at any time.

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

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

We want to thank you and your affiliated providers for your continued partnership. Delivering in-person early care and education services during this challenging time is so necessary and this would not be possible without your ongoing collaboration. We value your input and feedback and want this to be an effective resource for Networks and affiliated providers during this time. If you have any questions or feedback, please contact your Network’s assigned Family Child Care Support Manager or send an email to fccsupportteam@schools.nyc.gov.

Please Note: The Division of Early Childhood Education is working on additional resources, guidance and support for the transition back to in-person services. Some of the supports we plan to share in coming weeks include: detailed suggestions for children and staff to focus on social emotional learning and community building in the first weeks of in-person learning, blended learning curricular supports, and training and resources on trauma-informed care.

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

As we return to in-person services, Networks and affiliated providers are being asked to share health and medical knowledge in a deeper way than ever before. Sharing health and safety guidance clearly and accurately is critical to providing safe, nurturing, and predictable environments for children and families. Adults and children feel more confident and safe when they understand what is expected of them and why. Here are some suggestions for sharing:

1. **Communicate clearly and often with Network staff, affiliated providers, and families about expectations.**
    - Provide written information to Network staff, affiliated providers, and families in their home language about the Health and Safety practices in this guidance document including:
        - What the Network leadership and staff are responsible for, what affiliated providers and their staff are responsible for, and what families are responsible for
        - Use language that is easy to understand and hard to misinterpret, avoiding medical terminology if possible
    - Be clear about what expectations are new or potentially unfamiliar to Network staff, affiliated providers, and families (i.e. no adult volunteers in the building, how meals are served, etc.)
    - Encourage affiliated providers to use visual signage posted throughout the home and give handouts for adults to reinforce expectations; such as physical distancing, face covering, or meal-time expectations.
    - Provide affiliated providers and families with a point of contact to follow up with any questions or concerns regarding the Health and Safety guidance and procedures.
    - Consider hosting virtual meetings for Network staff, affiliated providers, and families to introduce guidance and expectations upon re-opening and as things change.

2. **Support affiliated providers to give families and children the opportunity to see and practice any new guidance that pertains to them,** some examples include:
    - Physical Distancing: Encourage affiliated providers to create visuals showing physical distancing expectations for families and program staff.
    - Proper Use of PPE: Provide resources and guidance to affiliated providers in appropriate face coverings and how to adequately put on, take off, clean, and discard PPE.
    - Drop off and pick up guidance: Support affiliated providers in creating a simple checklist that reminds families of the drop off and pick up procedures. Consider how to model the procedures (such as daily health checks) in a short video that can be shared with affiliated providers and families.

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

4. **Build on other practices where staff successfully attend to and communicate Health and Safety Information.** Health Literacy refers to "the degree to which individuals have the capacity to obtain, process, and understand basic health information and services needed to make appropriate health decisions." (CDC National Action Plan to Improve Health Literacy). For example, staff already use health literate approaches with food allergies: Staff communicate with families about their needs, the dangers of, and policies related to food allergies. Staff communicate across roles about individual's needs related to food allergies, including posting food allergy information in discrete and accessible locations to ensure safety. That kind of approach can be applied to the Health and Safety Guidance for things like sanitization or classroom composition expectations, as appropriate.
    - Examples of translated and age-appropriate Health Literate Information on COVID-19 is an optional resource developed by Harvard Health Publishing. *DOE is not responsible for the content contained therein.*

Required Documentation

Trauma Informed Care Considerations for Networks:

- As Network staff, affiliated providers and their staff, families and children are returning to affiliated programs after an extended period of time and may have gone through individual or collective traumatic experiences, please **consider your Network staff, affiliated providers and their staff, children and families' emotional needs.**
- Please be **extra mindful** that not only might circumstances for them have changed (which may include family illness or death), but coming back to school will look completely different from when they were last in your affiliated providers' programs.

Required Affiliated Providers Documentation

- All affiliated providers must maintain a primary contact number and two emergency contacts for program staff.
- Affiliated providers must have documentation on site ensuring appropriate security clearances for all program staff.
- Affiliated providers must complete and post the COVID-19 Reopening Safety Plan.
- Affiliated providers, program staff, volunteers, families, and essential visitors must read and sign the Child Care Employee Volunteer, Parent, Child and Essential Visitors Health Screening One-Time Attestation.
- All affiliated providers and their staff are required to be trained in child abuse and maltreatment identification, reporting and prevention.
- At least one person certified in CPR and First Aid must be onsite at all times during programmatic hours.

Required Child Documentation

Many families will be returning to on-site services after several months and circumstances might have changed based on emergency contracts, immunizations, and family schedules. It is important that Networks connect with families as soon as possible to ensure they have the appropriate documentation required to include updated emergency contact information, and proof of up-to-date immunizations, outlined below, before returning to on-site learning.

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

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

- Families must read and sign the **Child Care Employee Volunteer, Parent, Child and Essential Visitors Health Screening One-Time Attestation**.
- Networks and affiliated providers must have current medical forms on site for all children resuming in-person services. If they do not have a current medical form, **families must complete and submit a current medical form (dated within 12 months of the date of entry).**
- Proof of completed Immunizations, based on the age.
    - 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.
    - In accordance with Public Health law, under certain circumstances, a grace period may be given to families so children can begin child care without proof of completed immunizations
- Families must give written consent using the **Emergency Reservation Form** for affiliated providers 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.
- Families who are seeking emergency reservation must complete the **Emergency Reservation Form** prior to entering the child care program.
- Families must give written consent included in the **Emergency Reservation Form** for program staff to act and obtain appropriate health care in the event of an emergency.
    - If applicable, families should provide an **Individualized Health Care Plan** indicating specific emergency medications (i.e., an epinephrine auto-injector, asthma inhaler and/or nebulizer) to be administered for the child.
    - If applicable, children must have an **Individualized Health Care Plan** identifying their allergy(ies) and detailing the steps that need to be taken.
    - When families consent to administering non-medication over-the-counter products, such as topical ointments, lotion and creams, sprays, sunscreen and insect repellant, a **Non-Medication Consent Form** must be completed and submitted to the program.
        - Affiliated provider may administer with verbal permission if applying for one day

*If emergency medication is required, Network staff must support parents/guardian(s) in completing the **Medical Consent Form**. Program must maintain a **Log of Medication Administration** when administering emergency medication.*

- **Affiliated FCC programs with a designated MAT trained staff member**
    - If applicable, families must provide any over-the-counter or prescription medicine and complete all necessary documentation to allow trained medical personnel to administer such medicine. This requires completing a **Individualized Health Care Plan** **and** **Medical Consent Form**.
    - Program must maintain a **Log of Medication Administration** when administering medication is needed. .
- **Child Contact Information**
    - Families must provide emergency contacts included in the **Emergency Reservation Form:**
        - At least 2 emergency contacts, approved escorts, home language and health related information.
        - Emergency Contact information should be kept onsite at the program.
- If applicable, children must have an **Allergy Response Plan** identifying their allergy(ies) and detailing the steps that need to be taken.
- Additionally, the following forms must also be completed by families. A copy of the forms must be kept on site and maintained at the Network.
    - **Napping Child Arrangement**
    - **Ointment Agreement**
    - **Feeding Agreement** (If children require a special diet or formula, the program can create an agreement with the parent that is specific to the child.)
    - **Pick-Up Authorization**

Physical Distancing Practices

Trauma Informed Care Considerations for Affiliated Providers:

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

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

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

- Use strategies such as staggered schedules to avoid crowding during drop-off and pick-up routines, staff meetings, and break.
    - Additional guidance on strategies for drop-off and pick-up routines is in Daily Care Routines for in-person services.
- Affiliated providers should reduce the number of adults onsite as much as possible, while maintaining responsiveness to the needs of children and families. Non-essential adults (e.g. delivery persons) should not be permitted indoors at the site, whenever possible.
    - Children with Individualized Education Programs (IEPs) or Individualized Family Service Plans (IFSPs) must receive services as recommended on their IEPs and IFSPs, either through remote, teletherapy or in-person services, depending on parents' preference and applicable health and safety considerations. This summer and in the fall, teletherapy will continue for parents who wish to remain remote, and for families who would like in-person sessions with Special Education Itinerant Teachers (SEITs), services can be provided at childcare locations in alignment with health and safety regulations. We are currently working with our partners in DOHMH to understand how additional in-person services will work for children with IFSPs and IEPs.
- Affiliated providers, program staff members, families, Network staff and all other adults must wear a face covering at all times when in the family child care program. The only exception is when they are eating during their breaks while keeping six feet apart from adults and children.
- **Network Staff** must wear a face covering at all times when in the family child care program and must complete health screenings prior to entering the home.
- The DECE encourages all **Network staff** to wear face coverings while at their Network office. However, Networks must check with their organization's HR department to understand Network face covering policy.

Use of Affiliated Program Space

- If possible, designate **separate entrances and exits** into and out of the program to keep all foot traffic flowing in the same direction.
- Creating **distance and directional markers**, using colored tape and/or signs, inside and outside of the program as needed to support physical distancing, especially in waiting areas such as sidewalks and hallways.
- Affiliated providers can modify the use of work areas for staff and break spaces, so that individuals are at least six feet apart in all directions (e.g. side-to-side and when facing one another) and are not sharing work areas without cleaning and disinfection between use.
- Discourage the use of small spaces (e.g. supply closet, kitchen, or restrooms) by more than one staff member at a time, unless all staff in these spaces are wearing face coverings.
- If possible, install barriers in reception areas, security desks, and similar spaces. Barriers should be made from class A or B flame-retardant polycarbonate (light transmitting) plastics. Plexiglass should not be used as it is considered a fire hazard.
- **Multipurpose Spaces:** Some family child care affiliated providers use designated child care spaces within the home for multiple purposes when children are not present. Affiliated providers must:
    - Minimize the number of people entering the home when the child care program is open;
    - Clean and disinfect between uses of the shared spaces;
    - Ensure that the Network and the DECE is notified if anyone who lives in the home, including children and affiliated provider, tests positive or develops symptoms of COVID-19; and
    - To the extent possible, retain the name and contact information of anyone entering the home, to enable tracking and tracing efforts by the NYC Department of Health and Mental Hygiene.

Program Composition

In alignment with the NYS June 2020 guidance and DECE policy, **maximum group size and staff-to-child ratios** in FCC affiliated programs will be as follows, until further notice:

Group Family Day Care Ratio: 2:12:4 ***(One lead affiliated provider and one assistant provider required)***	
Age of Children	**COVID-19 Reconfigured Ratio (2:12:3)**
Under 2 years (24 months)	2 adults to up to 4 children
2 years to 3 years	2 adults to up to 8 children
School Age	Up to 3
Family Day Care Ratio: 1:6:2 ***(One lead affiliated provider)***	
Age of Children	**Min. Ratio**
Under 2 years (24 months)	1 adult to up to 2 children
2 years to 3 years	1 adult to up to 4 children
School Age	Up to 2 children

- **The restriction of group size does not apply to staff members.**
- **Children should stay in stable groups not to exceed the maximum number of children, as listed above.** For the most part, there is not an expectation that young children will maintain physical distancing within their small, stable group. However, during certain activities (e.g. meals, naptime), NYS health requirements mandate specific protocols to put more physical space between children (as detailed below). At nap/rest time, have children rest at least 6 feet apart and be head to toe, where possible.
    - If you have school-aged children who come for after school care you should consider maintaining them in a separate group and encourage them to not mix with other groups of children, to the greatest extent possible.
- For public health reasons and to support responsive caregiving, children should have consistency in their in-person and remote-learning learning, such that the same staff members are regularly assigned to the same group of children.

- Outdoor areas generally require normal routine cleaning and do not require disinfection. Spraying disinfectant on outdoor playgrounds is not an efficient use of disinfectant supplies and has not been proven to reduce the risk of COVID-19 to the public.
    - Existing cleaning and hygiene practices should be maintained for outdoor areas. If practical, high touch surfaces made of plastic or metal, such as grab bars and railings, should be cleaned routinely. Cleaning and disinfection of wooden surfaces (e.g., play structures, benches, tables) or groundcovers (e.g., mulch, sand) is not recommended.

Off-site Space Usage

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

DAILY CARE ROUTINES FOR IN-PERSON SERVICES

Trauma Informed Care Considerations for Networks:

- Most children and affiliated providers and their staff have not been together for several months and therefore are no longer familiar with the normal routines that they experienced previously. Therefore, it is important to support affiliated providers and their staff in considering each child's transition needs by setting routines and schedules that are responsive to children's needs, so children will experience a safe, nurturing and predictable environment.

Transitioning Back to Affiliated Providers for Children and Families and Staff

Virtual Family Orientation upon Reopening

As we welcome families back to in-person services, having a Family Orientation continues to be a best practice for providing a responsive environment for families and their children. While these events should happen virtually, not in person, it is important to ensure that families are informed and feel comfortable leaving their children at your affiliated providers' programs at a time when there is a great deal of anxiety related to COVID-19. Networks and affiliated providers 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.

Network Staff and Affiliated Providers Orientation upon Reopening

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

Daily Health Screens for Children and Program Staff

Trauma Informed Care Considerations for Networks

- Daily health checks and new and intensified hygiene routines will be new procedures for most children and families. Helping everyone know what to expect prior to re-opening will help everyone to be at ease.
- For health checks, prepare affiliated providers to ask for permission from children to narrate procedures as they occur: "We are keeping everyone healthy by checking on our temperatures- how warm your body is. Can I point this thermometer at your head? It won't hurt and will only take a second." You might add thermometers and checklists to your dramatic play area to help children acclimate to seeing and using these materials at the program.

Daily health screens must happen for both children and program staff either remotely before arriving at the program, or upon arrival. Networks and affiliated providers must instruct program staff members to **stay home if they are sick** and remind parents/guardians to keep sick children home.

Affiliated provider must identify a **staff member to oversee daily staff and child health screens** and track all people entering the home. Child health screens must be completed and documented either prior to arrival, or before families leave the program in the morning. Program staff screens should also be documented and completed prior to arrival or upon staff's arrival for their shift. Consider using this resource to document the child health checks. Please reference DOHMH Sample COVID-19 Symptom Screening Tool for additional guidance on staff health screens. Daily health logs should be maintained for the duration of the public health crisis.

Upon Entry:

- Children and staff must be healthy in order to attend the program.
- Affiliated providers, program staff and family members should look out for signs and symptoms of COVID-19 in themselves and children. Program staff and family members must notify affiliated providers if they/their children test positive for COVID-19, are identified as a close contact of someone who has COVID-19, or develop symptoms of COVID-19, at any time including outside program operating hours.

- Affiliated providers must notify Networks, program staff and families if they/anyone living in the home test positive for COVID-19, are identified as a close contact of someone who has COVID-19, or develop symptoms of COVID-19, at any time including outside program operating hours.
- At a minimum, daily health screenings must be completed for everyone prior to entering the home using a questionnaire that determines whether each individual has:
    - Been knowingly in close or proximate contact in the past 14 days with anyone who has tested positive through a diagnostic test for COVID-19 or who has or had symptoms of COVID-19;
    - Tested positive through a diagnostic test for COVID-19 in the past 10 days;
    - Experienced any symptoms of COVID-19, including a temperature of greater than 100.0°F, in the past 10 days; and/or
    - Traveled internationally or from a state with widespread community transmission of COVID-19 per the New York State Travel Advisory in the past 14 days.
    - Received a directive from DOHMH or NYC Test and Trace Corps to quarantine.
- As part of the daily health screenings, affiliated providers must perform random temperature checks for both children and program staff using non-contact thermometers (such as an infrared forehead thermometer or infrared scanner) prior to entering the home, and following protocols in the CDC April 2020 guidance.
    - Affiliated provider and/or designated staff will be screening people prior to entering the home at random.
    - The person using the non-contact thermometer should strictly follow the manufacturer's instructions for use. Additional guidance regarding use of non-contact infrared thermometers can be found here or at fda.gov (search for "non-contact thermometer").
    - Face coverings and gloves will be worn by program staff taking temperatures.
    - Staff members with a temperature of **100.0°F or higher** will be directed to leave the program. The affiliated provider should strongly encourage staff to visit a doctor and get tested for COVID-19.
    - When non-contact thermometers are used and the screener does not have physical contact with the screened individual, gloves do not need to be changed before the next check. However, the thermometer should be cleaned with an alcohol wipe (or isopropyl alcohol on a cotton swab) between each individual. You can reuse the same wipe as long as it remains wet. Screening areas should have a supply of alcohol wipes to sanitize equipment that inadvertently touches someone. Clean after each person is screened if there is contact.
    - Do not use oral (inserted into the mouth) or tympanic (inserted into the ear) thermometers.
    - ***Please note that affiliated providers are prohibited to record or track staff or student temperatures or other health information.***

- In addition to the random temperature checks onsite, affiliated providers may either:
    - Request program staff and family members to take their own or their child's temperature each day and report the results to the program before arriving in person at the facility, or
    - Designate a staff member to take the temperature of all persons entering the facility using a non-contact thermometer.
- Any individual that has a fever of 100 degrees or above must not be admitted to the facility.
- Health screenings should be conducted in a location that is not a confined space (for example, do not use a small office with a closed door). If possible, perform screenings outdoors.
- Staff, children, family members, and any other person who enters the program must maintain at least six feet of distance from others while awaiting health screenings.

- Screeners and individuals being screened (except for children two years of age and under) must wear face coverings if they can medically tolerate them.
- Affiliated providers should design a way to screen that prevents others from hearing what is being said and to minimize others from observing screenings. Additionally, wherever possible, affiliated providers should incorporate physical distancing (maintaining at least six feet between screeners and others), or physical barriers, to minimize the screener's and the screened individual's exposure during the screening.
- If any child (or staff member who supervises on the bus) is transported via school bus, the daily health screens should be completed prior to boarding the vehicle.
- Any program staff or child exhibiting symptoms of COVID-19, or with a household member exhibiting symptoms of COVID-19, must not be allowed to enter the program. Symptoms may include:
    - Fever of 100.0 °F 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.

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

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

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

To ensure that Networks are taking the necessary precautions, the DECE encourages Network Staff to complete daily health screenings to check for the COVID-19 symptoms listed above. If a staff member is exhibiting symptoms, they should be asked to stay home. However, Networks must adhere to their organizations' policies regarding COVID-19.

Quarantine Requirements for Out-of-State Travel

- Per State guidance, all travelers entering New York who have recently traveled within a state with either a positive test rate higher than 10 per 100,000 residents over a seven-day rolling average, or a testing positivity rate of higher than a 10% over a seven-day rolling average, are required to quarantine for a period of 14 days. The requirements of the travel advisory do not apply to any individual passing through designated states for a limited duration (i.e., less than 24 hours) through the course of travel.
- The designated states with significant community spread will be conspicuously posted on the State DOH website and will be updated weekly. Affiliated providers and Networks should check the website frequently as the information will change as often as daily, as rates of COVID-19 transmission increase or decrease.

Drop Off and Pick Up Routines

Trauma Informed Care Considerations for Networks:

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

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

- **At the start of the program year**: At the beginning of the program year, it is important to build trust by allowing family members to enter the home with their child. To do this safely, consider strategies such as:
    - Offering individual and/or virtual tours of the home before the program begins;
    - Shortening program days and staggering arrivals at the beginning of the year, so that if a family needs to accompany their child into the home, there will be fewer people inside
- After an initial period, once children are more comfortable, affiliated providers are encouraged to implement protocols so that drop-off and pick-up routines take place at the front of the home, so that

most family members do not enter. These routines should remain flexible and responsive to the emotional needs of each child and family
    - .If family members do enter the program, they must have a health screening, must wear a face covering, must wash their hands or apply an alcohol based hand sanitizer that contains at least 60% ethanol (upon entry and may not stay for an extended period) and maintain 6 feet of physical distancing between other adults..
- Consider staggering arrival and dismissal times, in order to avoid a large group of families congregating in or near the program.
    - Physical distancing precautions (e.g. distance markers) should be inplace so that family members and children waiting to enter the site do not come into close contact.
- Affiliated providers continue to be responsible for maintaining sign-in/sign-out records. Consider incorporating a sign-in procedure into your health check process at the entrance of the home.
- Once children are in the building, they should be taken to wash their hands immediately before beginning program activities.

Throughout the Day:

- Program staff, and families must notify the affiliated provider immediately if they become aware of any of the responses to the daily health screening questions answered before arrival have changed.

- Affiliated providers and their staff must make visual inspections of children for signs of potential COVID-19 illness which could include flushed cheeks, rapid breathing or difficulty breathing (without recent physical activity), fatigue, or extreme fussiness.
- Affiliated providers and their staff must monitor all children for signs of illness and fever, and pay special attention to children with chronic medical conditions, as they can be at higher risk for poor outcomes of COVID-19.
- These additional checks can be incorporated into daily routines such as before a meal, after nap, during toileting, etc. These inspections do not need to include a temperature check or be documented.

At end of day, <u>designated program staff</u> must:

- Complete the Daily Communication Form to share any updates on the child as it pertains to their health, activities participated in, meals eaten, length of nap, or overall program, etc. (Note that since families are encouraged to not go into family child care affiliated program, this will be vital information to have readily available at the end of day. You can share this via email, text, or any other method that is best for you and your families).

- Ensure parents/guardians sign the child out using the LDSS-4443 Child Care Attendance Sheet.

DAILY HYGIENE

Trauma Informed Care Considerations for Affiliated Providers:

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

- Affiliated providers will be expected to ensure there are protocols in place for increased handwashing while using the appropriate procedure throughout the day and enough time to do so.
    - Please see the NYC DOHMH hand washing protocol here and OCFS's "STOP THE SPREAD" poster
    - Consider putting up additional signage promoting handwashing.
- Affiliated providers should continue to support children who are still working towards full mastery of toileting skills.
- Affiliated providers will be expected to ensure that children's bedding (blankets and sheets) must be cleaned weekly.
- Individuals should cover mouths and noses with a tissue or sleeve when sneezing or coughing. Do not use hands.
- Affiliated providers must post signage that reminds staff:
    - Cover mouth and nose with a face covering.
    - Properly store, and when necessary, discard PPE.
    - Adhere to physical distancing instructions.
    - Report symptoms of or exposure to COVID-19, and how they should do so.
    - Follow hand hygiene and cleaning and disinfection guidelines.
    - Follow appropriate respiratory hygiene and cough etiquette.

Hand Hygiene

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

- Upon arrival to the home and after breaks
- Upon arrival to the first program activity
- Before departing the last program activity
- Between all program activities
- Before and after administering medication or medical ointment

- After coming in contact with bodily fluid
- Before and after diapering
- After using the restroom and supporting children with toileting
- After handling animals or cleaning up animal waste
- After playing outdoors or in sand
- After handling garbage
- Before and after preparing food or drinks
- Before and after eating
- Any time after touching the eyes, nose, or mouth, or any time a bodily fluid may be on the hands
- Any time after touching a frequently touched/shared surface

Handwashing is preferred to hand sanitizer, and handwashing is required whenever hands are visibly soiled. Hand sanitizer is encouraged as an alternative if a handwashing station is not readily available, must be alcohol-based and contain at least 60% alcohol for areas where handwashing facilities are not available or practical. Hand sanitizer should be available throughout common areas such as entrances, exits, outdoor spaces and security/reception areas. Young children should always be supervised when using hand sanitizer to prevent an accidental swallowing of the product.

Toothbrushing

Promoting good oral health and the prevention of tooth decay is of importance for all young children. Affiliated providers should continue to encourage families to brush their children's teeth with fluoride toothpaste before they come to the program and before bedtime. The program can also share resources about tooth brushing with their families. However, to reduce the risk of COVID-19, it is recommended that tooth brushing be suspended in the affiliated programs until it is considered safe again.

PERSONAL PROTECTIVE EQUIPMENT

Trauma Informed Care Considerations for Affiliated Providers:

- Having caregivers in masks and other protective equipment will be a new experience for many young children. Children will need to be introduced to mask-wearing the same way they are introduced to other expectations and routines in the program- through repetition, playfulness, and practice.

- Families will have different needs and practices about mask-wearing for their children. Please do your best to understand the needs and preferences of each family and work with them to best maintain a healthy environment for everyone in your program. Create games and activities around wearing masks, including allowing children to try out their own masks if they want to. Consider encouraging families to leave extra masks in their child's cubby in case they forget theirs one day. For more information on Face Coverings see this guidance created for ECCs and FCC-ECCs over the Summer.
- It is important to comfort crying, sad, and/or anxious infants and toddlers, and they often will need to be held.

Face Coverings

In alignment with current Executive Orders and in response to new information about Multisystem Inflammatory Syndrome in Children (MIS-C), **all affiliated providers, program staff (and any other adults) must use a face covering while they are on-site at the affiliated program**.

Face Covering Guidance for Children

- All children ages two and over who can medically tolerate a face covering should be expected to wear one. FCC staff can incorporate a wide variety of strategies to introduce children to this expectation, which may be accomplished over time.
- It is important that this expectation not lead to conflict between or among children, affiliated providers and their staff, and Networks. Children who refuse to wear a face covering, are crying, or are dysregulated may be experiencing distress and should not be forced to wear a face covering. In these cases, affiliated providers and their staff, with the support of families, should use positive, nurturing strategies to prevent conflicts over face covering, and encourage the child to consistently use a face covering over time.
- **Children should not be isolated, suspended or expelled for not wearing a face covering.**
- For safety reasons, face coverings should never be worn by children under the age of two, or by children during nap/rest or meal times.

Additional Health and Safety Guidelines for Use of Face Coverings

- A face covering can include anything that covers your nose and mouth, including homemade cloth face coverings. Medical-grade PPE (e.g., N-95 respirators) remain a critical need for health care workers and first responders and, therefore, should be prioritized for those settings. Where possible, affiliated providers and staff can consider utilizing clear masks but this is not required.
- Affiliated providers must make face coverings available to staff at no cost. Reusable face coverings/masks are strongly encouraged as they are best for the environment and most sustainable over time.
- Face coverings must be used while traveling to and from a program (except for children under the age of 2), if social distancing cannot be maintained, such as on public transportation.
- All family members or other adults (e.g., delivery personnel, etc.) who need to enter a program must be wearing a face covering. Affiliated providers are encouraged to keep a supply of additional face coverings onsite for distribution to anyone who needs one in order to enter the program.
    - When entering a program with a face covering used outdoors, it is recommended that staff switch to a clean, uncontaminated face covering/mask.
    - It is a best practice for staff to have at least two separate face coverings/; one for commuting to the site and one to wear on-site.
- Face coverings should be stored in an airtight container (such as a plastic sandwich bag with a zip) and labeled with the individual's name.
- Gloves and proper sanitation should always be used when touching a used or contaminated face covering/mask.
- When putting on and taking off a face covering, wash your hands for at least 20 seconds with soap and water or, if not available, use an alcohol-based hand sanitizer that contains at least 60% ethanol every time you put on and take off your face covering. If you are unable to clean your hands, be very careful not to touch your eyes, nose or mouth when putting on and taking off your face covering.

- Face shields are not an alternative to face coverings or masks. Face shields can be worn with face coverings, but alone do not adequately cover an individual's nose and mouth, which is needed to mitigate the spread of the virus.

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

Considerations for Children Who Wear Face Coverings

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

Communicating with Children While Wearing Face Coverings

- Children rely on our body language and expressive tones to interpret adult messages. When staff are wearing face coverings, children will not be able to see their facial expressions, so eye contact and voice inflection is especially important.
- Children and adults rely on lip reading and facial expressions to understand each other's language, therefore it is imperative that adults speak clearly. Staff should be sensitive and patient as children adapt to social interactions and work to understand language with adults who are wearing face coverings.
- In the program, share photos of real adults and children wearing face coverings. Help children understand that face coverings help to keep us safe and keep away from germs.
- Consider hanging photos of children's and staff members' faces without face coverings on around the program, and having staff pin photos of themselves without face coverings to their shirts so that children can see their smiling faces.

Meeting Children's Social Emotional Needs While Wearing Face Coverings

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

Other Considerations

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

MEALS

Trauma Informed Care Considerations for Affiliated Providers:

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

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

On-site Meals

Affiliated providers are expected to provide the required number of meals to their children according to their contract and the amount of time the child is in care. Affiliated providers are required to provide all meals and snacks in the home and temporarily the meals **cannot be served family style**. Children should not be serving themselves any food or pouring any drinks to avoid any spreading of germs. Affiliated providers should arrange the seating arrangements during meals to provide as much space between individuals as possible to the extent

that program staff can also still engage in conversations with the children and provide adequate supervision. Additionally, children and program staff should be reminded of the importance of not sharing food during this time.

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

Children receiving remote learning (Child and Adult Care Food Program (CACFP) participants only)

Under normal circumstances, CACFP requires that participants eat together (congregate feeding) on site. Recently, the United States Department of Agriculture (USDA) granted a **nationwide waiver for non-congregate feeding,** which allows CACFP Sponsors to continue serving meals to children participants at your FCC. Since we know that all families may not feel comfortable to return to FCC for in-person learning at this time, this is a great option to apply for, to ensure your enrolled children can continue to receive nutritious and well-balanced meals and snacks daily, even when they are not on-site.

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

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

NAP/REST PROVISIONS

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

During nap and rest time, children must be offered the following items to allow them to relax comfortably:

- A firm sanitary cot or mat.
    - A separate cot or mat must be provided for the exclusive use of each child.
    - Have children positioned to rest 6 feet apart and head-to-toe.
        - If not possible, a minimum of 3 feet of distance is required.
- Cots or mats must be cleaned and sanitized if soiled or contaminated.
- Keep a daily log when the child is checked.
- Infants under the age of 12 months must have crib or pack-n-play.
    - Cribs or pack-n-play must be cleaned and sanitized if soiled or contaminated.
    - Cribs or pack-n-play must include an appropriately sized fitted sheet.
    - Cribs and pack-n-play must not have bumper pads, toys, stuffed animals, blackets, pillows, wedges or infant positioners.

- Ensure careful supervision during sleep. Infants must be placed flat on his or her back to sleep, and should be checked every 15 minutes.
- Keep a daily log when the child is checked.
- Sample Log can be found here.

Children should remove face coverings during nap and rest time.

Children should have a sheet and blanket to use during rest. This bedding must be cleaned weekly or more frequently if it becomes soiled. All children's bedding materials should be stored separately and not touching.

SAFETY AND EMERGENCY GUIDANCE

Trauma Informed Care Considerations for Affiliated Providers:

- Reinforce for families that the program is prepared to care for their children and keep them safe, even in an emergency. Explain to families that it is very important for families to update all blue card information for emergency contacts and for authorization of the person to pick the child up from school due to an emergency.
- With so many emotional and health needs to juggle, revisiting emergency plans with staff can provide structure and a reassurance that they will know what to do in case of an emergency. As you train staff in new health and safety expectations, also revisit and practice emergency safety plans to ensure everyone feels knowledgeable about what to do in moments of crisis.

All affiliated providers must prepare a NYS Business Reopening Safety Plan and post it where it can be easily seen and read. This is in addition to the existing Emergency Plan. **Please ensure both safety plans are up-to-date and accurately reflect protocols and staff currently within your program.**

Affiliated providers should ensure that all staff members are aware of the following:

- All emergency responders numbers must be posted in the program (ex. 911, poison control, child abuse, hospital and emergency room).
- CPR/First Aid designated and trained staff member(s) - certification needs to be up to date and on file. One trained person must be on site at all times during programmatic hours. If CPR/First Aid certificates have expired, Networks should support affiliated providers in the following areas.
    - Complete the online portion of the course; and
    - Must complete and submit the Request For Waiver (OCFS-4887) to their OCFS borough office.
        - Waiver can be submitted via email
        - Waiver must include their expired First Aid/CPR Certification and proof that they have completed the online component of their training.

    - Their Borough Office is dependent on the borough they are located in.
    - Waiver will be in effect starting on the date of expiration to 90 days from the end of the state of emergency.

  ***Note**: If providers experience challenges in contacting their Borough Directors, providers may contact the OCFS DCCS NYC Regional Office at (212) 383 - 1415 for assistance.*

  When completing the waiver, affiliated provider must indicate that they need a waiver to request an extension to renew their CPR/First Aid certification. The reason is due to courses not being available in-person. It is advised by OCFS that providers use the language below when completing the waiver request:

  "As a result of New York State Executive Order 202 declaring a State of Emergency in New York State, Mr./Mrs./Names of Staff/are unable to complete the in-person component for the Cardiopulmonary Resuscitation (CPR) and First Aid as required by regulation."

- Ensure all staff are aware of evacuation procedures and locations, in the event of an emergency. Evacuation diagram must be posted in a visible location.
    - Confirm that secondary locations are accessible to the program, open during the program's hours of operation and away from crowded areas.
- Medication administration:
  Only program staff who have completed the OCFS-approved medication administration training may or if they are authorized to administer meds pursuant to Education Law, or are a relative within the third degree of consanguinity of the parent/step-parent may administer medication other than epinephrine auto injectors, diphenhydramine in combination with the auto injector, asthma inhalers and nebulizers, topical ointments, lotions, creams and spray.
    - Call 911 after administering Epi-pen, then call parents/guardians.
    - File incident report with DOHMH. Incident log kept on site and up to date in case needed at some future date.
    - Program must maintain proper storage and disposal of all medications.
- Affiliated providers must have:
    - Thermometers
    - A supply of medical and emergency equipment and supplies, including first aid kit.
- To ensure the safety and cleanliness of the program, **affiliated providers** must complete daily health and safety checks and must log checks in their Cleaning and Disinfecting Log. Affiliated providers should refer to the Health and Safety Supplementary Checklist for guidance and information on specific program areas to focus on when preparing and setting up for the day. The checklist looks at items around the program, kitchen, outdoors, bathroom and supervision.
- **Networks** must complete a virtual Monitoring Checklist with affiliated providers on a monthly basis to follow up on any healthy, safety and supervision support they may need.

Lost Child guidance

If a child is unaccounted for, use the following protocol:

Step 1: Designate the staff member who will conduct the preliminary search.

Step 2: Concurrently notify Networks and other onsite program staff.

S**tep 3:** If, after the preliminary search the child is not found, all staff members not required for the immediate supervision of the other children must be called together and given information as to the lost child's last whereabouts. The entrances, exits, and insides of buildings must be checked, as well as the surrounding area.

Step 4: If the above-mentioned search is unsuccessful, the designee must notify the police and the child's family, giving a full description of the child: clothes, height, weight, hair color, and when last seen.

HEALTH GUIDANCE

Trauma Informed Care Considerations:

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

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

The situation regarding COVID-19 is rapidly changing, as is our knowledge of this new disease. The guidance below is based on the best information currently available. This guidance for Network affiliated providers is intended to supplement all relevant city, state and federal law and guidance, including guidance issued by New York State and the NYC Department of Health and Mental Hygiene (DOHMH).

COVID-19 Testing

Affiliated Providers

Affiliated providers should ask all program staff to be tested for COVID-19 at least seven days prior to the start of in-person services. 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.

Networks

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

Isolation Space

Affiliated providers must have a private area (such as an enclosed room, but at a minimum a cot in a private area) provided for separating symptomatic children under direct adult supervision until a family member can pick up the child, or symptomatic staff members until they can safely leave the facility.

- Affiliated providers 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), including, but not limited to N95 respirators, gloves, gowns, and face shields or goggles.
- Family Day Care programs who only have one program staff on site, must ensure that all children are in line of sight even when the symptomatic child is separated from the rest of the children.

Symptomatic Children and Staff

- All Network staff, affiliated providers, program staff, and families must be familiarized with the symptoms of COVID-19. These symptoms may include:
    - Fever or chills,
    - Cough, shortness of breath or difficulty breathing,
    - Fatigue,
    - Muscle or body aches,
    - Headache,
    - Loss of taste or smell,
    - Sore throat, congestion or runny nose,
    - Nausea or vomiting,
    - Diarrhea.
- If a child is showing any symptoms of COVID-19, program staff should:
    - Escort the child to the isolation space while wearing appropriate PPE.
    - Designated staff should assess if the child is in acute respiratory distress for 911 activation:
        - Affiliated providers may consult the nursing triage hotline if needed (more details to come).
        - If 911 is called, complete and submit a DECE Occurrence Report.
    - 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 child tested for COVID-19, and provide the information of the closest testing site, if asked.
    - Upon completing the supervision of the child (transferring custody to the parent/guardian), the staff member should remove gloves (taking care to touch only the inner surface of the glove) and wash hands. Then remove the following in this order taking care to touch only the back of the items: face covering, smock, then wash hands. Hands should be washed after removing each item. All items should be disposed of in a regular garbage bin, or washed for reuse, as appropriate.
- If a staff member is symptomatic upon arrival at work or becomes sick with COVID-19 symptoms while at work, the staff member must be separated and sent home immediately. If the employee does not feel well enough to leave on their own, the program leader should assist with arrangement of ambulance services, if appropriate, or other safe transportation home, such as calling a family member to accompany the staff member home. If 911 is called, complete and submit a DECE Occurrence Report. Any adults waiting with the employee should stay at least six feet away from the employee in the designated isolation space. 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.
- Immediately close off areas used by any person with COVID-19 symptoms.

    - Thoroughly clean and disinfect any affected areas according to the CDC guidance on Cleaning and Disinfecting Your Facility.
    - Open outside doors and windows to increase air circulation in the affected areas, to the extent practicable while maintaining all health and safety standards.
    - Wait 24 hours before you clean and disinfect the affected areas. If 24 hours is not feasible, wait as long as possible (at least 2 hours).
    - Clean and disinfect all areas used by the person with COVID-19 symptoms, such as the isolation space, bathrooms, common areas, and shared equipment.
    - After cleaning and disinfecting the affected areas, these areas can be used for other purposes.
- If a child or staff member is exhibiting COVID-19 symptoms, but there is no laboratory-confirmed positive test result, there is no requirement to close the program
- If the symptomatic individual gets tested, the person must stay home while waiting for their test results for at least 10 days and cannot attend the program (or any other child care program).
    - If a positive case is confirmed, affiliated providers must follow the protocols in the next section.
    - If a negative laboratory-confirmed test result is received, the individual may return to the program if they have been fever-free for 24 hours without the use of fever-reducing medication AND their overall illness has improved.
- If the symptomatic individual does not get tested, then the individual cannot return to the program until:
    - 10 days have passed since the first symptom; AND
    - The individual has been fever-free for 24 hours without the use of fever-reducing medication; AND
    - Their overall illness has improved.
- You are not required to notify families when someone in the program has symptoms of COVID-19 (as long as the case is not confirmed). If you want to communicate something to families about a symptomatic staff member or child, you may let them know that:
    - The person has symptoms, does not currently have a confirmed case of COVID-19, and is not attending the program for at least 10 days (unless they receive a negative lab-based test).
    - All other children may continue to attend the child care program.
    - If they are concerned, they should talk to their health care provider.
    - The symptoms of COVID-19 are very nonspecific, and are often similar to other respiratory viral diseases, including influenza.

Network Staff

Networks must adhere to their organizations policies related to COVID-19. However, the DECE encourages Networks to follow similar protocols as outlined above.

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

Confirmed Cases in an FCC Program

- A Network affiliated FCC program may hear about a positive COVID-19 case in one of the following ways:
    - The DOHMH alerts the program about a positive diagnostic test. (Note: The program should notify the DOE after receiving this information using this intake form. The DOHMH will also notify the DOE about any confirmed cases at Network affiliated programs).

    - Staff member or parent/guardian self-reports to the affiliated provider and the affiliated provider notifies their Network and the DOE, which works with the DOHMH to confirm the positive test result.
- **If a staff member or parent/guardian reports a positive COVID-19 case to the program, the affiliated provider must immediately contact their Network.**
- **The Network must immediately notify the DOE by completing this intake form** on behalf of the affiliated provider.
    - Networks must use this form for affiliated providers, program staff or child cases in the home
    - Each affiliated provider must identify two contacts who are authorized to notify the DOE of self-reported cases and receive information back about confirmed cases. This information must be treated as confidential and identifying information on cases should not be shared with the program community or others.
- 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.
    - Affiliated providers can expect to hear back from the DOE whether the case is confirmed by DOHMH within approximately three hours.
- In the event that there is one or more confirmed positive COVID-19 case(s) in a program, the program must adhere to the protocols outlined in the table below, titled **Summary of Confirmed COVID-19 Case Outcomes For Network affiliated programs**.
- The person who has a confirmed case of COVID-19 cannot attend the program, or any other child care program, until all the following are true:
    - 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.
- 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. The DOE will share two different letter templates with affiliated providers:
    - **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 program as the individual who tested positive; this program 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).
- If any children or staff who are presumed close contacts are currently on site when the case is confirmed, affiliated providers should follow their existing isolation protocol, contact the parents/guardians of any children who are presumed close contacts for immediate pick-up, and send home any staff members who are presumed close contacts immediately.
- After a case is confirmed, 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 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.
        - 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.
        - Learning must continue remotely for all children from Network affiliated program who are in quarantine.
    - Affiliated providers must keep the DOE updated on all developments from the DOHMH investigation.
- You must never reveal the identity of the person with COVID-19 with families in your program, or share information about the person with COVID-19. That information is confidential. Maintaining confidentiality will help encourage other people to disclose when they have COVID-19.
- Whenever a case of COVID-19 is confirmed by the DOHMH, affiliated providers must close off any areas used by the person confirmed to have COVID-19, and follow the Centers for Disease Control and Prevention guidelines on "Cleaning and Disinfecting Your Facility" when cleaning and disinfecting those spaces.

MAINTENANCE AND CLEANING SCHEDULE

Trauma Informed Care Considerations Affiliated Providers:

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

Affiliated providers must ensure adherence to cleaning and disinfection requirements as advised by CDC, NYS DOH, and DOHMH, including Guidance for Cleaning and Disinfection of Public and Private Facilities for COVID-19..

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

Affiliated providers are encouraged to use toys and materials that are able to be easily disinfected. Affiliated providers should also put new practices into place to limit the amount of shared materials in the home. For example, an individual set of art materials may be purchased for each child, and labelled and stored separately.

- Toys and materials that cannot be sanitized in between uses should be removed from program space. This may include soft dolls, dress-up clothes, puppets, pillows, etc.
    - Machine washable cloth toys should be used by one child at a time or not used at all. These toys should be laundered before being used by another child.
- Affiliated providers should also limit sharing of outdoor play or gross motor materials/equipment between stable groups (e.g., balls, tricycles, hula hoops), and clean any shared equipment between uses.
- Children's belongings must be labelled and stored individually, and may not be shared with other children.
- All toys can spread disease when children put the toys in their mouths, touch the toys after putting their hands in their mouths during play or eating, or after toileting with inadequate hand hygiene.

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

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

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

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

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

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

- A cleaning log must be maintained and completed daily for inspection by DOHMH. Affiliated providers must complete the OCFS-6041 Cleaning and Disinfecting Log daily. Please reference this document for more specific guidance when it comes to the daily inspection of the program.

- All bathrooms:
    - Are regularly cleaned and disinfected. The frequency of the cleaning and disinfecting should be depended on the frequency of use.
    - Remain sufficiently stocked with liquid hand soap and paper towels.

- All handwashing sinks are in a state of good repair.

- Carpets and rugs should be cleaned daily. If rugs are heavily soiled or cannot be cleaned they should be removed.

- Their daily cleaning in the home adheres to the following:

    - Wipe down all exposed surfaces utilizing an antiviral cleaning product. Special attention is to be paid to horizontal surfaces in the home's common areas, rooms, program materials, and bathrooms, including food surfaces, diaper changing areas, and napping surfaces. Frequently contacted items, such as drinking fountains, faucet handles, door hardware, push plates and light switches are to be wiped down regularly.

    - Operable windows and both supply and exhaust ventilation systems should be checked for proper operation. Windows are to be kept open where practical and HVAC equipment is to be operated with maximum airflow to ventilate and "air purge" buildings. Prioritize areas designated for separating ill children under direct adult supervision.

- Cleaning and disinfection would need to happen throughout the day, especially in common areas such as shared bathrooms, onsite playgrounds, hallways, and on frequently touched surfaces; the staffing plan should account for this need.

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

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

ADDITIONAL RESOURCES

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

ESCALATION PROTOCOLS

If concerns arise, please contact:

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

PRESERVATION NOTICE – PLEASE READ – ACTION REQUIRED

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

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

SCOPE OF PRESERVATION

Subject Matter Covered -

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

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

Time Frame -

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

Actions Required & Prohibited -

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

- Do not delete or alter those documents in any way.
- Do not move or copy electronically stored information from its existing location, as this may alter the metadata associated with it. However, you may continue to file electronically stored information as you would in the normal course of business (*e.g.*, you may move relevant email messages from your inbox into a project folder in your mailbox).

NEXT, YOU MUST FOLLOW THESE STEPS

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

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

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