

2021-2022 School Year COVID-19 Response Plan

Acronyms: The following are commonly used terms in this document	
LDOH/LDH/LHD:	Local Department of Health – There is one department for each county.
NYSED	New York State Education Department
NYSDOH	New York State Department of Health
OCFS:	New York State Office of Children and Family Services
CDC:	Federal Centers for Disease Control
PUI:	Person Under Investigation (suspected of having COVID-19)
PPE:	Personal Protective Equipment

1.	State and Federal Guidance:
	<p>A. State Guidance:</p> <p>I. NYSDOH: On 8/5/21, Governor Anthony Cuomo’s Press Office provided the following press release on behalf of the NYSDOH Commissioner, Dr. Howard Zucker:</p> <p style="padding-left: 40px;">“With the end of the state disaster emergency on June 25, 2021, school districts are reestablished as the controlling entity for schools. Schools and school districts should develop plan to open in-person in the fall as safely as possible, and I recommend following guidance from the CDC and local health departments.”</p> <p style="padding-left: 40px;">Source: https://www.governor.ny.gov/news/statement-new-york-state-department-health-commissioner-dr-howard-zucker</p> <p>II. NYSDOH: NYDOH’s website includes the following announcement: “Effective May 19, New York State has adopted the CDC’s “Interim Public Health Recommendations for Fully Vaccinated People for most business and public settings.”</p> <p style="padding-left: 40px;">Source 1: https://coronavirus.health.ny.gov/home</p> <p style="padding-left: 40px;">Source 2: https://www.governor.ny.gov/sites/default/files/2021-05/NYS_CDCGuidance_Summary.pdf</p> <p>III. OCFS: On 6/28/21, NYS Office of Children and Family Services Deputy Commissioner – Division of Child Care Services, released a Dear Provider letter including the following statements, “The June 7, 2021 “Interim Guidance for Child Care, Day Camp, and Overnight Camp Programs During the COVID-19 Public Health Emergency” issued by the New York State Department of Health is no longer in effect... Child care programs are free to continue to adhere to the archived NYSDOH Interim Guidance for Child Care</p>

and Summer Camps (June 7, 2021 <https://forward.ny.gov/archived-industry-guidance>), or implement other health precautions for their staff and children such as requiring masks, cohorting, and/or six feet social distancing, however, they are not required to...”

Source: <https://ocfs.ny.gov/programs/childcare/provider-letters/2021/Dear-Provider-2021Jun28%202021-COVID-Guidance.pdf>

- IV. **NYSED:** On 8/10/21, NYSED’s Commissioner released a memo, titled, “Forthcoming Back to School Health and Safety Guidance.” The memo included the following statements: “... The New York State Education Department (NYSED) is in the process of developing a summary guidance document to aid schools and districts as they prepare for the 2021-2022 school year...the overall goal for the 2021-2022 school year is to maximize in-person teaching and learning, be responsive to student needs, and keep students and staff healthy and safe. The Department is committed to advocating for all resources necessary to make this happen and mobilizing technical assistance to school districts as they address these issues locally, consistent with CDC Guidance.”
- V. **NYSED:** On 8/12/2021, NYSED issued a document titled “Health and Safety Guide for the 2021-2022 School Year”
(Source: <http://www.nysed.gov/common/nysed/files/programs/back-school/nysed-health-and-safety-guide-for-the-2021-2022-school-year.pdf>)
This guidance is based upon the CDC K-12 guidance and is a summary of the recommendations made by the CDC.

B. Federal Guidance:

- I. **CDC:** The CDC guidance, titled, “Guidance for COVID-19 Prevention in K-12 Schools,” can be located at: <https://www.cdc.gov/coronavirus/2019-ncov/community/schools-childcare/k-12-guidance.html>

C. Agency Position Statement: With the State deferring guidance to the CDC, the agency will utilize the CDC’s guidance, in concert with available directives from applicable State oversight entities.

- I. Key Takeaways from the CDC’s School Guidance:
- Students benefit from in-person learning, and safely returning to in-person instruction in the fall of 2021 is a priority.
 - Vaccination is the leading public health prevention strategy to end the COVID-19 pandemic.
 - Due to the circulating and highly contagious Delta variant, the CDC recommends universal indoor masking by all students (age 2 and older), staff, teachers, and visitors to K-12 schools, regardless of vaccination status.
 - In addition to universal indoor masking, the CDC recommends schools maintain 3 feet of physical distance between students within classrooms to reduce transmission risk. When it is not possible to maintain a physical distance of at least 3 feet, such as when schools cannot fully re-open while maintaining these distances, it is especially important to layer

	<p>multiple other prevention strategies. Students should not be excluded from in-person learning to keep a minimum distance requirement.</p> <ul style="list-style-type: none"> • Screening, ventilation, handwashing and respiratory etiquette, staying home when sick and getting tested when appropriate, and contact tracing in combination with quarantine and isolation, and cleaning and disinfection are also important layers of prevention to help schools stay safe. • Students, teachers and staff should stay home when they have signs of any infectious illness and be referred to their healthcare provider for testing and care. • Many schools serve children under the age of 12 who are not eligible for vaccination at this time. Therefore, this guidance emphasizes implementing layered prevention strategies (using multiple strategies together) to protect students, teachers, staff, visitors, and other members of their households and support in-person learning. • Schools should monitor community transmission, vaccination coverage, and occurrence of outbreaks to guide decisions on the level of layered prevention strategies that are required.
2.	<p>COVID-19 Safety Coordinator:</p>
	<p>To ensure consistent programming across multiple settings, CP Rochester and Happiness House will have the same Safety Coordinator. The role of this person includes:</p> <ol style="list-style-type: none"> 1. Updating the COVID-19 Response Plan, as necessary, and reflecting any necessary changes due to updated and changing guidance from regulatory agencies. 2. Monitor community transmission, vaccination coverage, occurrence of outbreaks, and Federal, State, or local health and safety laws in consultation with the Executive leadership of CP Rochester and Happiness House to guide decisions on the level of layered prevention strategies required, given the current conditions related to COVID-19. <p>COVID SAFETY COORDINATOR: Diane Kozar, PT- Vice President of Children’s and Clinic</p>
3.	<p>COVID-19 Site Contacts:</p>
	<p>While there is one COVID-19 Safety Coordinator for each agency, each site will have their own direct connection for parents/guardians and staff to reach out to with any questions. The following is the contact for each site:</p> <ol style="list-style-type: none"> 1. CP ROCHESTER: Necebbia DeTaeye 2. HAPPINESS HOUSE CANANDAIGUA: Lynne Colacino 3. HAPPINESS HOUSE GENEVA: Chris Shultz 4. HAPPINESS HOUSE AT THE GAC: Amanda Hefferon
4.	<p>General Considerations:</p>
	<p>Schools are an important part of the community. They provide safe and supportive learning environments for students that support social and emotional development, provide access to critical services, and improve life outcomes. While providing enriching educational opportunities to students, they also enable parents, guardians and caregivers to work. Though COVID-19 outbreaks have occurred in school settings, multiple studies have shown that transmission rates within school settings, when multiple prevention strategies are in place, are typically lower than – or similar to – community transmission</p>

	<p>levels. CDC’s science brief on Transmission of SARS-CoV-2 in K-12 Schools and Early Care and Education Programs summarizes evidence on COVID-19 among children and adolescents and what is known about preventing transmission in schools and Early Care and Education programs.</p> <p>However, with COVID-19 cases increasing nationally since mid-June 2021, driven by the B.1.617.2 (Delta) variant of COVID-19, protection against exposure remains essential in school settings. Because of the highly transmissible nature of this variant, along with the extent of mixing of vaccinated and unvaccinated people in schools, the fact that children less than 12 years of age are not currently eligible for vaccination, and low levels of vaccination among youth ages 12-17, the CDC recommends universal indoor masking for all students (age 2 years and older, as able to tolerate), teachers, staff, and visitors to schools regardless of vaccination status.</p> <p>Our agencies will work with local public health officials, consistent with applicable laws and regulations, including those related to privacy, to determine the additional prevention strategies needed in their area by monitoring levels of community transmission (i.e., low, moderate, substantial, or high) and local vaccine coverage.</p> <p>We will communicate our strategies and changes in plans to teachers, staff, and families, using accessible materials and communication channels.</p>
PREVENTION STRATEGIES	
5.	Promoting Vaccination
	<p>COVID-19 vaccination among all eligible students as well as teachers, staff, and household members is the most critical strategy to help schools safely resume full operations with the least restrictions necessary.</p> <p>The CDC reports that:</p> <p>Vaccination is the leading public health prevention strategy to end the COVID-19 pandemic. People who are fully vaccinated against COVID-19 are at low risk of symptomatic or severe infection. A growing body of evidence suggests that people who are fully vaccinated against COVID-19 are less likely to become infected and develop symptoms and are at substantially reduced risk from severe illness and death from COVID-19 compared with unvaccinated people.</p> <p>Only a small proportion of fully vaccinated people get infected (breakthrough infections), even with the Delta variant. Moreover, when these infections occur among vaccinated people, they tend to be milder than among those who are unvaccinated. However, preliminary evidence suggests that fully vaccinated people who are infected with the Delta variant can be infectious and can spread the virus to others. To reduce the risk of becoming infected with the Delta variant and spreading it to others, students, teachers, and school staff should continue to use layered prevention strategies including universal masking in schools.</p> <p>People 12 years and older are now eligible for COVID-19 vaccination. Schools can promote vaccinations among teachers, staff, families, and eligible students by</p>

	<p>providing information about COVID-19 vaccination, encouraging vaccine trust and confidence, and establishing supportive policies and practices that make getting vaccinated as easy and convenient as possible.</p> <p>When promoting COVID-19 vaccination, consider that certain communities and groups have been disproportionately affected by COVID-19 illness and severe outcomes, and some communities might have experiences that affect their trust and confidence in the healthcare system. Teachers, staff, students, and their families may differ in their level of vaccine confidence. School administrators can adjust their messages to the needs of their families and community and involve trusted community messengers as appropriate, including those on social media, to promote COVID-19 vaccination among people who may be hesitant to receive it.</p> <p>Staff, eligible students, and their families can determine their eligibility and locate vaccination sites by using this link: https://am-i-eligible.covid19vaccine.health.ny.gov/</p>
6.	<p>Consistent and Correct Mask Use:</p>
	<p>When teachers, staff, and students consistently and correctly wear a mask, they protect others as well as themselves. Consistent and correct mask use is especially important indoors and in crowded settings, when physical distancing cannot be maintained.</p> <ul style="list-style-type: none"> • Indoors: <ul style="list-style-type: none"> ○ Staff: All Staff and essential visitors will be required to wear a face covering, covering their mouth and nose, regardless of vaccination status, while indoors, unless they are medically unable to do so. The CDC recommends indoor masking for all individuals age 2 years and older, including students, teachers, staff, and visitors, regardless of vaccination status. <ul style="list-style-type: none"> ▪ Staff will be trained in the proper use of face coverings. ▪ Staff will be provided with face coverings. Cloth face coverings are acceptable, and staff will be trained on proper fitting, wearing and laundering of masks. ○ Students: The CDC recommends face coverings for all students age 2 and older, with few medical exemptions. Face coverings will be encouraged for students and training will be part of the curriculum; however, it is not mandatory. Recognizing the unique needs of our population, along with their age, our agencies will use previously established guidance related to mask wearing among students. <ul style="list-style-type: none"> ▪ Guidance Source: <ul style="list-style-type: none"> ○ NY State Education Department’s guidance, released on 7/16/20, titled, “Recovering, Rebuilding, and Renewing; the Spirit of New

York's Schools Reopening Guidance" (pg. 36), as well as the NYSDOH Interim Guidance for In Person Instruction at the Pre-K to Grade 12 Schools during the COVID-19 Public Health Emergency, dated 4/9/21 (pg 9), which include the following statements:

"Face coverings should NOT be placed on students where such covering would impair their health or mental health, or where such covering would present challenge, distraction, or obstruction to education services and instruction, as well as; Anyone who is incapacitated or otherwise unable to remove the cloth face covering without assistance; and Students who are unable to medically tolerate a mask, including students where such mask would impair their physical health or mental health are not subject to the required use of a mask."

- CDC: <https://www.cdc.gov/coronavirus/2019-ncov/community/schools-childcare/child-care-guidance.html>

"Situations where wearing a mask may not be possible – Certain Groups of People Who May Find it Difficult to Wear a Mask:"

Some children 2 years and older, and people of any age with certain disabilities

Appropriate and consistent use of masks may be challenging for some children and for people of any age with certain disabilities, including people who have high sensitivity to materials on their faces, difficulty understanding why wearing a mask is protective (such as those with an intellectual disability), or those who have problems controlling their behavior.

When determining if children and people with certain disabilities should wear a mask, assess their ability to:

- [Use a mask correctly](#)
- Avoid frequent touching of the mask and their face
- Limit sucking, drooling, or having excess saliva on the mask
- Remove the mask without assistance

Those caring for children and people with certain disabilities who may need assistance with wearing masks should

- Ask their healthcare provider for advice about the person you are caring for wearing a mask. If they are unable to wear a mask, ask their healthcare provider about alternative ways of reducing transmission risk

- Ensure proper mask size and [fit](#)
- Remove their mask before sleeping, napping, when they may fall asleep (such as in a car seat or stroller), and in situations when continual supervision is not possible
- Consider prioritizing wearing a mask in public settings and when around people who don't live in your household, particularly when indoors. Masks may not be necessary when you and the person you are caring for are outside and away from others, or with other people who live in the same household. However, some localities may have mask mandates while out in public and these mandates should always be followed.

Masks should **not** be worn by:

- Child under 2 years of age
- A person with a disability who cannot wear a mask, or cannot safely wear a mask, for reasons related to the disability
- A person for whom wearing a mask would create a risk to workplace health, safety, or job duty as determined by the [workplace risk assessmentexternal icon](#)

People who are deaf or hard of hearing, and those who will interact with people who are hearing impaired

If you interact with people who rely on reading lips, you may have difficulty communicating while wearing a mask.

- Consider wearing a clear mask or a cloth mask with a clear panel
- If you are not able to get a clear mask, consider using written communication, closed captioning, or decreasing background noise to make communication possible while wearing a mask that blocks lips

People with certain underlying medical conditions

Most people with [underlying medical conditions](#) can and should wear masks.

- If you have respiratory conditions and are concerned about wearing a mask safely, discuss

	<p>with your healthcare provider the benefits and potential risks of wearing a mask.</p> <ul style="list-style-type: none"> • If you have asthma, you can wear a mask. Discuss with your healthcare provider if you have any concerns about wearing a mask. <ul style="list-style-type: none"> ▪ CP Rochester and Happiness House will provide appropriate facial coverings for students, if needed, and tolerated. ▪ CP Rochester and Happiness House will provide mask assessments which include input from parents/classroom teams/and medical professionals, if necessary, to determine students’ ability to wear masks and at what level such mask wearing is tolerated. <ul style="list-style-type: none"> • Outdoors: In general, students and staff do not need to wear masks when outdoors. CDC recommends that people who are not fully vaccinated wear a mask in crowded outdoor settings or during activities that involve sustained close contact with other people. Fully vaccinated people might choose to wear a mask in crowded outdoor settings if they or someone in their household is immunocompromised. <p>Exceptions can be made for the following categories of people:</p> <ul style="list-style-type: none"> • A person who cannot wear a mask, or cannot safely wear a mask, because of a disability as defined by the Americans with Disabilities Act (ADA) (42 U.S.C. 12101 et seq.). Discuss the possibility of reasonable accommodationexternal icon with workers who are unable to wear or have difficulty wearing certain types of masks because of a disability. • A person for whom wearing a mask would create a risk to workplace health, safety, or job duty as determined by the relevant workplace safety guidelines or federal regulations. <p>Masks should meet one of the following criteria:</p> <ul style="list-style-type: none"> • CDC mask recommendations • NIOSH Workplace Performance and Workplace Performance Plus masks
7.	<p>Physical Distancing:</p>
	<p>Because of the importance of in-person learning, our preschools will implement physical distancing to the extent possible within their structures but should not exclude students from in-person learning to keep a minimum distance requirement. Based on studies from 2020-2021 school year, CDC recommends schools maintain at least 3 feet of physical distance between students within classrooms, combined with indoor mask wearing to reduce transmission risk. When it is not possible to maintain a physical distance of at least 3 feet, such as when schools cannot re-open while maintaining these distances, it is especially important to layer multiple other prevention strategies, such as screening</p>

	<p>testing, cohorting, improved ventilation, handwashing and covering of coughs and sneezes, staying home when sick with symptoms of infectious illness.” Please note, screening testing is not mandatory in preschool programs, and the agencies will not implement such procedures.</p> <p>Cohorting: Cohorting means keeping people together in a small group and having each group stay together throughout an entire day. Cohorting can be used to limit the number of students, teachers, and staff who come in contact with each other, especially when it is challenging to maintain physical distancing, such as among young children.</p> <ul style="list-style-type: none"> ▪ Our preschools will cohort classrooms. This means that students in classrooms will not have substantial close contact of greater than 15 minutes at a distance of less than 6 feet from other cohorts. ▪ Recognizing the important of therapy services, including therapies occurring within designated therapeutic spaces (OT/PT Gyms, etc.), students receiving therapies in such settings, who are from different cohorts, will not have substantial close contact with students from different cohorts. Routine cleaning of surfaces, toys and high contact surface areas will occur, daily, and following a checklist provided for that specific area. ▪ Based on the CDC recommendation for 3 feet social distancing, the total number of students assigned to each classroom cohort will ensure that the square footage capacity within the rooms allows for 3’ of social distancing between students. ▪ During safety drills, physical distancing will be maintained between cohorts, to the extent practical. In the event of an actual emergency, ensuring the safety of all children and staff will be prioritize above physical distancing. <p>Within common hallways, appropriate markings on the floor will be placed to encourage social distancing from all directions (bi-directional arrows).</p>
8.	<p>Ventilation:</p>
	<p>Improving ventilation is an important COVID-19 prevention strategy that can reduce particle in the air. The preschools have ensured that there is an adequate supply of fresh air ventilation rates throughout the preschools. All sites meet the CDC’s recommended fresh air circulation levels. In addition, staff are encouraged to open external windows, to increase ventilation, at times when it is safe to do so.</p> <p>The preschools have several portable HEPA Filter Systems. The filters are rated at MERV-13, medical-grade level. These systems filter particulates down to .1 Microns, which is the level sufficient to capture COVID-19. The buildings HVAC filters have been upgraded to MERV-13 levels, as well.</p>
9.	<p>Transportation – Arrival and Dismissal:</p>
	<p>CP Rochester and Happiness House are not responsible for transportation for the children enrolled in our programs. Each preschool location will work with the respective counties and districts who provide the transportation for approved preschool students. Some parents will choose to self-transport. All UPK and Daycare placed children are parent transport. The following arrival and dismissal routine will be established for programs:</p>

1. Arrival of Children:

i. Bus Transported Children:

- i. All parents will sign OCFS Attestation Form –LDSS prior to the first day of busing.
- ii. This form will assist in outlining Parent-Caregiver role for Illness Prevention
- iii. All parents will complete CP Rochester and Happiness House Return to Onsite Programming Attestation
- iv. Teacher Assistant or Aide will meet bus wearing appropriate PPE
- v. Attendance on bus will be recorded by Staff member using the designated bus attendance sheet, which is site specific
- vi. Child will be assisted off of bus to decrease wait time on bus
- vii. Once off bus, child will be escorted to class by prepositioned aides
- viii. Child will be accounted for in the classroom utilizing the CP Rochester/Happiness House Name to Face Head Count Procedure sheet.
- ix. Child’s attendance will be recorded on the OCFS Attendance Form (LDSS-4443)
- x. Daily Health Check will be provided and COVID-19 check off (due to the OCFS Attestation Form)
- xi. Note: Arrival into the building will occur through one or two doors given each preschool program is located within its own wing thus adding an additional layer of protection and safety. Each building is different and will have its own flow pattern for traffic and safety. Consistent flow of traffic will be closely monitored during periods of high traffic volume.

ii. Parent Transported Children:

- i. All parents will sign OCFS Attestation Form –LDSS prior to the first day of on site programming.
- ii. This form will assist in outlining parent-caregiver role for Illness Prevention
- iii. All parents will complete CP Rochester and Happiness House Return to Onsite Programming Attestation
- iv. Parent-caregiver transported children will be scheduled to arrive after the busing component is completed.
- v. Teacher Assistant or Aide will meet parent-caregiver car wearing appropriate PPE
- vi. Child will be greeted by staff at parent-caregiver’s car once the parent-caregiver has taken child out of the car safely. Parent will have necessary PPE on (face covering) until they return to their vehicle.

- vii. Staff will sign parent in using the OCFS Tracking sheet (LDSs-). This sheet will be utilized for Contact Tracing if needed.
- viii. With entry into the site, child will be accounted for in the classroom utilizing the CP Rochester/Happiness House Name to Face Head Count Procedure sheet.
- ix. Child's attendance will be recorded on the Updated OCFS Attendance Form (LDSS-4443)
- x. Daily Health Check will be provided and COVID-19 check off (due to the OCFS Attestation Form)
- xi. Note: Arrival into the building will occur through one or two doors given each preschool program is located within its own wing thus adding an additional layer of protection and safety. Each building is different and will have its own flow pattern for traffic and safety. Consistent flow of traffic will be closely monitored during periods of high traffic volume

2. Dismissal Of Children:

a. Bus Transported Children:

- i. Bus Transported Students will be dismissed first
- ii. Dismissal will be conducted at a time dependent upon the arrival of each bus
- iii. Classroom congregate settings will remain intact until entering the bus
- iv. Children will be called to the arrived bus by classrooms
- v. Teacher Assistant or Aide will assist child onto bus
- vi. Departure time will be noted on the bus attendance sheet
- vii. All items sent into school/program will be sent home on a weekly basis for cleaning and/or replacing by parent/family

This includes, but is not limited to backpacks, extra clothes, socks, shoes, and sleeping/resting blankets. Parents will be notified that all items will be sent home and that clean and laundered items may return with the child the next scheduled class day.

b. Parent-Caregiver Transported Children:

- i. Parent-Caregiver transported children will be scheduled for dismissal after the regularly scheduled bus dismissal process is completed.
- ii. Parents-Caregivers will be instructed, by Teacher Assistant or Aide, when to pull up into the loop in order to receive their child
- iii. Parent-Caregiver will exit vehicle with appropriate PPE (face covering) and Teacher Assistant/Aide will bring child to parent-caregiver with all belongings (as stated in vii above)
- iv. Parent-caregiver will place child into appropriate child car seat. Staff will move back to allow proper social distancing.

	<p>v. Staff will sign child out on the OCFS Tracking Sheet as well as the OCFS Classroom Attendance Sheet</p>
<p>10.</p>	<p>Remote Learning:</p>
	<p>In instances where remote learning is necessary, including potential Federal or State mandated closures, CP Rochester and Happiness House will institute full Remote Learning. Remote learning can be site specific or agency wide, depending on the reason for closure.</p> <p>With remote learning:</p> <ul style="list-style-type: none"> • Daily connection to every student in a variety of modes, will be attempted by the teacher will occur with documentation of this connection will be made. • A schedule of live, virtual instruction and/or parental support will be established with a goal of achieving at minimum of one contact per day per student/family, based on student/family preference; This will also be very dependent upon the instructions provided by NYSED during the school year in regards to the parameters of remote learning requirements. • Continued teaching using lesson plans will occur in order to meet the Learning Standards set forth for Pre-Kindergarten learning • Center Based therapies will move to all remote learning. • If appropriate and able, telehealth sessions will be established with families • Continued assessment by therapist on the appropriateness of telehealth is done routinely throughout service delivery. • Subsequent sessions can be connections with families/parents for guidance on goals and objectives, sending handouts, creating web casts for projects, following directions, etc. • Classroom aide's and one to one aides will participate in classroom zoom sessions. When in sessions, one to one aide can be observing and tracking data in order to assist with goal updates and teacher anecdotal information. One to one aides will be expected to assist in the extra material preparation for the children they serve as well as the classroom and individual zoom sessions with the teacher <p>Continued assessment and collection of data will occur in order to assess progress toward goals and objectives by all professionals</p> <p><i>State and Federal guidance reinforces the importance of onsite educational opportunities, full remote learning will be offered for families in the event that State or Federal mandates require suspension of onsite opportunities. Happiness House and CP Rochester are providing on site education 5 days per week. In instances where remote learning is necessary, the family must agree to meet daily with synchronous learning and then teacher contact as well. The family must also agree to meet the IEP directed therapy times and objectives. This is full commitment from the family to ensure programming is meeting the goals/objectives of the IEP.</i></p> <p>Remote instruction consistent with both the July 29, 2021 memo and existing regulations count for state aid purposes towards the minimum instructional hours and days.</p>

	<p><u>Distance Learning Outreach</u></p> <p>In addition to classroom attendance, the teacher or other designated classroom staff member, will track student outreach measures. The communication categories will be adjusted to meet program needs and could include items such as:</p> <ul style="list-style-type: none"> • Teleconferencing (Video instruction) • Phone Call - Successful • Phone Call - No Answer • Voicemail • Google Classroom Post • Paper Packet Mailed • Text Message • Email • Unable to Contact <p>The data collected here will be compiled into several reports that provide a numerical summary of each correspondence. This information will be monitored and will help inform discussions amongst the education team regarding student/family engagement, attendance, communication and outreach.</p> <p>As we prepare for our 2021-2022 school year, preschool services are provided as onsite, 5-day, educational offerings.</p>
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11.	Handwashing and Respiratory Etiquette:
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	<p>People should practice handwashing and respiratory etiquette (covering coughs and sneezes) to keep from getting and spreading infectious illnesses including COVID-19. Schools can monitor and reinforce these behaviors and provide adequate handwashing supplies.</p> <ul style="list-style-type: none"> • Teach and reinforce handwashing with soap and water for at least 20 seconds. • Remind everyone in the facility to wash hands frequently and assist young children with handwashing. • If handwashing is not possible, use hand sanitizer containing at least 60% alcohol (for teachers, staff, and older students who can safely use hand sanitizer). Hand sanitizers should be stored up, away, and out of sight of young children and should be used only with adult supervision for children under 6 years of age. <p>Key Times to Wash Hands</p> <p>You can help yourself and your loved ones stay healthy by washing your hands often, especially during these key times when you are likely to get and spread germs:</p> <ul style="list-style-type: none"> • Before, during, and after preparing food • Before and after eating food • Before and after caring for someone at home who is sick with vomiting or diarrhea
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	<ul style="list-style-type: none"> • Before and after treating a cut or wound • After using the toilet • After changing diapers or cleaning up a child who has used the toilet • After blowing your nose, coughing, or sneezing • After touching an animal, animal feed, or animal waste • After handling pet food or pet treats
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12.	Staying Home When Sick and Getting Tested/Contact Tracing:
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	<p>Students, teachers, and staff who have symptoms of infectious illness, such as influenza (flu) or COVID-19, should stay home and be referred to their healthcare provider care for further direction, regardless of vaccination status. Staying home when sick with COVID-19 is essential to keep COVID-19 infections out of schools and prevent spread to others.</p> <p>Schools should educate teachers, staff, and families about when they and their children should stay home and when they can return to school. During the COVID-19 pandemic, it is essential that parents keep children home if they are showing signs and symptoms of COVID-19 and get them tested.</p> <ol style="list-style-type: none"> 1. <u>If a student tests negative for COVID 19, the following must be met for a successful return to on site school:</u> <ol style="list-style-type: none"> a. CP Rochester and Happiness House will follow flow chart for illness from the CDC guidance for returning to school safely. <ol style="list-style-type: none"> a. The student should stay at home until: <ol style="list-style-type: none"> i. Once there is no fever, without the use of fever reducing medicines, and they have felt well for 24 hours ii. Evaluation by physician for symptoms and the need for a COVID test iii. Negative COVID test results if recommended by physician b. Alternate Diagnosis: <ol style="list-style-type: none"> i. If the Child’s Health Care Provider produces a diagnosis of a known chronic condition with unchanged symptoms, the child can return to school. If accompanied by a fever, then the child must be fever free for 24 hours without use of fever reducing medicines. ii. If the Child’s Health Care Provider confirms an acute illness given laboratory confirmed tests (ie: influenza or strep) AND Covid 19 is not suspected, then having a note signed by the Health Care Provider explaining the alternate diagnosis is required. <ol style="list-style-type: none"> 1. The child also must be fever free/symptom free from known diagnosis as per the guidelines of that diagnosis. iii. If the Health Care Professional provides a note with documentation of an acute illness such as viral Upper Respiratory
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illness or viral Gastroenteritis (no laboratory confirmed diagnosis), the child will need to follow the guidelines of :

1. Symptom free for 24 hours
2. Negative Covid Test
3. Note from Physician that they can return

2. **Child Not Evaluated by Health Care Professional and No COVID Test performed they are to be considered a POSITIVE Covid Case:**

- i. Site Nurse will check in with family at the time the family/guardian calls student in sick. Site nurse will check in daily until the 48 hour mark.
- ii. If NO Covid test completed and no visit to Health Care Professional then Site Nurse will do the following;
 1. Let site Director know that this child has not completed either visit to HCP or COVID test (cc VP of Children's and Clinic)
 2. Call the Local Health Department with the Child's name , Parents name and DOB
 3. Director/Site Nurse will begin to collect the following information to provide to LHD. The information will be inclusive of the date of symptom onset and up to **two days** prior to date of symptom onset:
 - a. Classroom contacts
 - i. Name
 - ii. Parents Name
 - iii. Phone numbers
 - iv. Address
 - v. Teacher/Aides
 - b. Therapy Contacts:
 - i. Name
 - ii. Phone Numbers
 - iii. Address
 - c. IF Bussed student:
 - i. Name of other students on bus
 - ii. Parents Names
 - iii. Phone Numbers
 - iv. Address
 - v. Bus Driver/Bus Number
 - d. Any other contacts known for that time period
 4. The LHD will determine isolation/quarantine orders and releases if needed

3. **Forms/Posters**

- a. CDC Stay at Home Guidance

4. **References**

COVID-19 Guidance for Operating Early Care and Education/Child Care Programs

5. **If a staff member tests negative for COVID-19, the following must be met for a successful return to on site school:**

- a. The staff member should stay at home until:

- i. Once there is no fever, without the use of fever reducing medicines, and they have felt well for **24 hours**
- ii. AND a negative COVID 19 test result (can be included in the physicians note back to work)
- b. If the staff member returns with a Physician note and a differential diagnosis, they are suggested to also have the Negative COVID-19 test confirming they do NOT have the COVID virus, regardless of the Differential Diagnosis.

6. Forms/Posters

- a. CDC Stay at Home Guidance

7. References

- a. COVID-19 Guidance for Operating Early Care and Education/Child Care Programs

8. If a student or staff member tests positive for COVID 19, the following must be met for a successful return to on site school:

- b. Schools must follow the CDC guidance for allowing a student or staff member to return to school after exhibiting signs of COVID-19 or receiving a positive test result for COVID-19
 - a. The student or staff member should stay at home until:
 - i. It has been at least 10 (ten) days since the individual first had symptoms
 - ii. It has been at least 24 hours since the individual has had a fever (without fever reducing medicines)
 - iii. The individuals symptoms must be resolving and improving daily
 - b. If an employee has had close or proximate contact with a person with COVID-19 for a prolonged period (greater than 15 min of total exposure time) of time **AND** is experiencing COVID-19 related symptoms, the employee must
 - i. Leave work immediately, if at work and make an appointment with their health care professional
 - ii. Have a Covid-19 test administered.
 - iii. If Negative, must have proof of negative test to return to work. Symptoms must be resolving and no fever must be present for 24 hours (without the use of fever reducing medicines)
 - iv. If positive, begin 10 day quarantine and follow LDOH instructions.
- c. Please NOTE: for scenarios **a and b above**, the following also must be met:
 - i. Documentation from Health Care Provider in the form of a health evaluation
 - ii. Negative COVID-19 test
 - iii. Symptom resolution with 24 hours since last symptoms.
 - iv. If isolated or quarantined, released by the Local Dept of Health
- d. **If an employee** has had close or proximate contact with a person with COVID-19 for a prolonged period of time **AND is not** experiencing COVID-19 related symptoms, the employee may return to work
 - i. Without quarantining, if employee is **fully vaccinated**.

- ii. If employee wearing a mask appropriately and positive person was also wearing a mask appropriately
- iii. All close contacts that are not vaccinated will need to ultimately follow any direction provided by the LDOH and quarantine the full 10 days if ordered.

9. References

- a. COVID-19 Guidance for Operating Early Care and Education/Child Care Programs

10. Upon notification of COVID positive case: (student or staff):

- a. Site Director to Notify VP of Children's:
- b. For a Child:
 - i. Nurse will do the following;
 - 1. Let site Director know whether or not this child has completed either visit to HCP or COVID test (cc VP of Children's and Clinic)
 - 2. Call the Local Health Department with the Child's name , Parents name, Phone Number, Address and DOB
 - 3. Director/Site Nurse will begin to collect the following information to provide to LHD. The information will be inclusive of the date of symptom onset and up to **48 hours** prior to date of symptom onset. If any staff member is fully vaccinated that person does not need to quarantine. If positive student and other student's in the class were masked 100% of the time, then they too will not need to quarantine.
 - a. Classroom contacts
 - i. Name
 - ii. Parents Name
 - iii. Phone numbers
 - iv. Address
 - v. Teacher/Aides
 - b. Therapy Contacts:
 - i. Name
 - ii. Phone Numbers
 - iii. Address
 - c. IF Bussed student:
 - i. Name of other students on bus
 - ii. Parents Names
 - iii. Phone Numbers
 - iv. Address
 - v. Bus Driver/Bus Number
 - d. Any other contacts known for that time period
 - ii. The LHD will determine isolation/quarantine orders and releases
 - c. For a Staff Member:
 - i. Site Director will notify the VP of Children's.
 - ii. VP of Children's will do the following;

	<ol style="list-style-type: none"> 1. Call the Local Health Department with the Staff Member’s name , Address, Phone Number and DOB 2. Director/Site Nurse will begin to collect the following information to provide to LHD. The information will be inclusive of the date of symptom onset and up to 48 hours prior to date of symptom onset: <ol style="list-style-type: none"> a. Classroom contacts <ol style="list-style-type: none"> i. Name ii. Parents Name iii. Phone numbers iv. Address v. Teacher/Aides b. Therapy Contacts: <ol style="list-style-type: none"> i. Name ii. Phone Numbers iii. Address c. Any other contacts known for that time period iii. The LHD will determine isolation/quarantine orders and releases <p>11. <u>For both scenarios where a student and/or staff member test positive:</u></p> <ol style="list-style-type: none"> a. VP of Children’s will draft a school community letter informing the community of a COVID positive case. This will be under the guidance and direction of the LHD and the COO for HH and CP Rochester. b. If site is closed, <u>Directors for each site will report to OCFS any and all positive cases and quarantines.</u> c. Site Director will notify the OCFS licensor with pertinent information due to closure of a classroom or site. Include directions and name of LDOH person providing direction. <p>Contact Tracing:</p> <p>Contact tracing is outlined in the steps, above. The schools will report, to the extent allowable by applicable privacy laws, new diagnoses of COVID-19 to the appropriate local Department of Health as soon as the school is informed. The school will notify, to the extent allowable by applicable privacy laws, teachers, staff, and families of students who were close contacts as soon as possible (within the same day, if possible) after the school is notified that someone in the school has tested positive.</p>
13.	Cleaning and Disinfection:
	<p>In general, cleaning once a day is usually enough to sufficiently remove potential virus that may be on surfaces. Disinfecting (using approved disinfectants) removes any remaining germs on surfaces, which further reduces any risk of spreading infection.</p> <p>If a preschool site has someone who has tested positive for COVID-19 within the last 24-hours, the space used by this individual will be cleaned and disinfected.</p>

12. General Classroom Disinfecting and Cleaning

- c. High touch surfaces will be cleaned at the end of each classroom session. High touch surfaces include: tables, doorknobs, light switches, countertops, electronics, handles, desks, phones, keyboards, faucets, toilets, sink, etc.
- d. These surfaces will be cleaned using the appropriate disinfecting bleach/water formula (see below).
- e. Staff will complete the OCFS “cleaning and disinfecting log” daily indicating that program areas have been cleaned and disinfected including, but not limited to tables, chairs, countertops, light switches, and toys.
 - a. Handout: OCFS Cleaning and Disinfecting Log
- f. Classroom staff will disinfect all toys that were used throughout the day at the end of the day using the soaking bleach solution.
- g. Any toys that are mouthed will be put in the “wash me” bucket immediately and will not be used until they have been cleaned and disinfected using the soaking solution.

13. Therapy Sessions

- a. Therapists will prepare the therapy room by
- b. Toys that have been used in one session will not be used until cleaned and disinfected.
- c. All toys used will be cleaned and disinfected using the soaking bleach solution.

14. Diapering

- a. Staff will wash their hands before they begin and wear gloves during the diapering procedure.
- b. Staff will bring supplies (clean diaper, wipes, gloves, plastic bag, extra clothes, etc. to the diapering area.
- c. Staff will follow standard diapering procedure as outlined in protocols. Staff can refer to the CDC Safe and Healthy Diapering to Reduce the Spread of Germs Handout

15. Meals

- a. Staff will ensure tables are clean before placing food on tables.
- b. Children will use the same plate/utensils each day, no sharing of these materials will occur
- c. Children/Staff will wash hands prior to mealtime
- d. Children will be placed at tables with as much social distancing as possible.
 - a. Considerations for the placement of children:
 - i. Number of staff
 - ii. Need of the child during meals
- e. Children/Staff will wash hands after mealtime
- f. Tables/Chairs (as needed) will be cleaned and sprayed with bleach solution #1

16. In General:

- a. Staff will use appropriate PPE as reviewed in Universal Precautions training and in OCFS trainings
- b. Staff will hand wash regularly and encourage handwashing with teaching opportunities with all children

- c. Staff will use facial coverings at all times per agency expectations and CDC guidelines.
- d. Staff will practice social distancing to the greatest extent possible when in the classroom and then when on site at agency

17. Disinfecting Solutions-OCFS Guidelines

- a. Spray Bleach Solution # 1 (for food contact surfaces) - Staff will use the following procedures for cleaning and sanitizing non-porous hard surfaces such as tables, countertops and chair trays.
 - 1. Wash the surface with soap and water
 - 2. Rinse until clear
 - 3. Spray the surface with the solution of ½ teaspoon of bleach to 1 quart of water until it glistens
 - 4. Let sit for two minutes
 - 5. Wipe with a paper towel or let air dry

- b. Spray bleach Solution #2 (for diapering surfaces or surfaces that have been contaminated by blood or bodily fluids)- Staff will use the following procedures for cleaning and disinfecting diapering surfaces or surfaces that have been contaminated by blood or bodily fluids.
 - 1. Put on gloves
 - 2. Wash the surface with soap and water
 - 3. Rinse in running water until the water runs clear
 - 4. Spray the surface with a solution of 1 tablespoon of bleach to 1 quart of water until it glistens
 - 5. Let sit for two minutes
 - 6. Wipe with a paper towel or let air-dry
 - 7. Dispose of contaminated cleaning supplies in a plastic bag and secure
 - 8. Remove gloves and dispose of them in a plastic lined receptacle
 - 9. Wash hand thoroughly with soap and under running water.

- c. Soaking Bleach Solution (for sanitizing toys that have been mouthed- staff will use the following procedure to clean and sanitize toys that have been moth by children.
 - 1. Wash the toys in warm soapy water, using a scrub brush to clean crevices and hard to reach places
 - 2. Rinse in running water until water runs clear
 - 3. Place toys in soaking solution of 1 teaspoon of bleach to 1 gallon of water.
 - 4. Soak for 5 minutes
 - 5. Rinse with cool water
 - 6. Let toys air dry.

7.Forms/Posters

- b. "Cleaning and Disinfecting Log" NYS OCFS (Office of Children and Family Services)
- c. "Safe and Healthy Diapering" Poster CDC (Center for Disease Control)
- d. "Stop the Spread" poster CDC (Center for Disease Control)

	<p><u>8.References</u></p> <ul style="list-style-type: none"> b. CDC Covid 19 Guidance for opening of Early Childhood Education/daycare programs c. OCFS Health Care Plan (LDSS 4703) p. 28 (Disinfecting Solutions) d. CDC Safe and Healthy Diapering e. CDC How to Handwash
14.	<p>Disabilities or other Health Care Needs:</p>
	<p>The preschools have developed this plan in consideration of the unique needs of our students. Planning, including the use of cohorts, will be designed to help ensure access to services for students with disabilities.</p> <p>The agencies recognize that physical distancing and wearing masks can be difficult for young children and people with certain disabilities, particularly preschool-aged children. For students who are only able to wear masks some of the time for the reasons mentioned above, opportunities to practice mask wearing will be utilized, including prioritization of times when it is difficult to socially distance.</p>
15.	<p>Visitors:</p>
	<p>Anyone, including visitors, who have symptoms of infectious illness, such as flu or COVID-19, should stay home and seek care from a healthcare provider, regardless of vaccination status.</p> <p>CP Rochester and Happiness House will actively limit the number of visitors allowed in school buildings depending on the nature of the visit. Every attempt will be made to schedule visits in advance when there are no students in the building. In the event that a visit must be scheduled during hours of student attendance, all efforts will be made to eliminate, or minimize the opportunity for interaction between the visitor and students. Staggered schedules for visitors may also be put in place, if deemed necessary, to reduce the overall number of individuals in a building at any given time. All visits, or work to be performed that must be done in person, and cannot be conducted in a technological or remote fashion will be subject to the following guidelines:</p> <ol style="list-style-type: none"> 1. Single point of entry, visitors may only enter the building through a designated door with an appropriate health check point; 2. Visitors will be subject to health screenings 3. All visitors will be required to wear a mask through the duration of their stay. If they do not have a mask, one will be provided; 4. Visitors will be asked to provide basic contact information to assist with contact tracing efforts, if necessary; 5. Social distancing protocols will be enforced

	When visitors or vendors are in the buildings, they will be reminded of these provisions verbally during screening, through signage throughout the building, and receive further guidance by building staff if and when necessary.
16.	Food Service and Mealtimes:
	<p>With regard to food service and mealtimes, the following conditions apply:</p> <ul style="list-style-type: none"> • Staff must wear masks at all times during meal preparation and service, and during breaks except when eating or drinking. • Students will not be excluded from in-person learning to keep a minimum distance requirement, including during mealtime. • Given very low risk of transmission from surfaces and shared objects, there is no need to limit food services approaches to single use items and packaged meals. • Maximize physical distance as much as possible between people who are not fully vaccinated while eating (especially indoors). When possible, consider using additional spaces for mealtime seating, including eating meals and snacks outdoors or in well-ventilated spaces whenever possible. • Given very low risk of transmission from food, food packaging, surfaces and shared objects, there is no need to limit food service operations to single use items and packaged meals. • People should wash hands with soap and water before and after family style meals. • Clean frequently touched surfaces. Surfaces that come in contact with food should be washed and sanitized before and after meals. • Promote hand washing before, during, and after shifts, before and after eating, after using the toilet, and after handling garbage, dirty dishes, or removing gloves. • Improve ventilation in food preparation, service, and eating areas
17.	Emergency Response Plan:
	<p>The agency outlines COVID-19 preventions strategies within the document and the subsequent Agencywide Pandemic Response Plan.</p> <p>Staff will be trained on the associated COVID-19 Plans and protocols prior to serving children within the 2021-2022 school year.</p> <p>The plans will be available to staff, parents and guardians and other community partners on each agency’s website:</p> <p>Happiness House: www.happinesshouse.org</p> <p>CP Rochester: www.cprochester.org</p>
18.	Vaccine Verification:
	The agencies will maintain vaccination status verification of all employees. This information will be stored, securely, with each agency’s Human Resources Department.

- The CDC created a flowchart to assist schools in decision making if a student becomes sick or reports a new COVID-19 diagnosis at school.

<https://www.cdc.gov/coronavirus/2019-ncov/downloads/community/schools-childcare/What-Do-I-Do-Student-Sick-At-School-Flowchart-print.pdf?v=2>