



**Whispering Pines Preschool Reopening Plan for Education
2020-2021**

Posted to: <http://whisperingpineskids.com/>

Submitted to NYDOH: 07/31/2020

<https://forms.ny.gov/s3/PK-12-Education-Reopening-Plan>

To Be Submitted to NYSED: 08/07/2020

To our Staff, Children and their Families, and other Stakeholders,

Providing a safe learning environment has always been a priority at Whispering Pines Preschool, and never more so than during these past months. We began July 2020 by posting our business re-opening plan, training our staff on our new health and safety policies and procedures and securing needed materials. Based on policies set forth by the Governor in conjunction with the New York State Department of Health, our center based programs, began reopening in a limited way this past week on July 28th, starting with select program sites in Amsterdam, Delanson and Cobleskill. We are offering shortened hours and fewer days each week (Tuesday, Wednesday and Thursday from 9:00-12:00) with all children continuing to participate in See Saw activities. For children who are not attending in person, teachers and therapist have continued to offer Zoom sessions-with some of these offered live from your child's classroom.

As we continue this shortened summer session, we are engaged in ongoing reflection and discussion, which are crucial components of any successful child-centered plan. We are always striving to be better. Our plan for 2020-2021 is written with full understanding that it is a fluid document. We must be ready to adjust our day-to-day practices based on directives from our local department of health's, the New York Department of Health, the Governor's office, and the New York State Education Department as well as the ongoing need for flexibility based our children's needs and their responses throughout the year.

This plan for 2020-2021 is written with the recognition that the communication among Whispering Pines Preschool staff, our families and the larger community of stakeholders, is essential so our children can continue to grow and develop, and so families can engage with us in how best to assure this happens.

To each member of our community we extend our great appreciation for your participation in helping with all of the components of this reopening plan and look forward to feedback and ongoing discussion to assure we continue to meet the needs of our children, their families and our staff.

With gratitude,

Whispering Pines Preschool Administration

| | | |
|---|---|---|
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| Website where this plan and any plan updates will be posted: | http://whisperingpineskids.com/ | |
| Program Site Addresses: | | Program(s) provided at this site: |
| Amsterdam Site | Clara Bacon School 40 Henrietta Boulevard Amsterdam, NY 12010 518-843-3003 518-842-6472 518-842-2305 FAX 518-212-5008 | 4410 (Pre-school Special Education) X Special Class X Special Class in an Integrated Setting X Multi-Disciplinary Evaluations Other: X UPK* <i>*Continuity of Education Plan submitted to the School District</i> |
| Cobleskill Site | 395 North Grand Street Cobleskill, NY 12043 518-234-8864 518-234-8430 | 4410 (Pre-school Special Education) X Special Class in an Integrated Setting X Multi-Disciplinary Evaluations |
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| Gloversville Site | McNab Elementary School 230 West Fulton Street Gloversville, NY 12078 OFFICE: 518-775-4053 Classroom 1: 518-775-5744 Classroom 2: 518-775-5744 | 4410 (Pre-school Special Education) X Special Class in an Integrated Setting X Multi-Disciplinary Evaluations Other: X UPK* <i>*Continuity of Education Plan submitted to the School District</i> |
| Schoharie UPK | | <i>Continuity of Education Plan submitted to the School District</i> |
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Introduction

Our primary commitment at Whispering Pines Preschool is to the children and families we serve. Our top priority is the health and safety of our staff, our children and their families. The philosophy of our program focuses on a view of the needs of the whole child and their family. These needs are determined through discussion with the child's family, through formal assessment and through daily observation and interaction with the child in the preschool classroom and therapy settings. The Whispering Pines curriculum is grounded in the educational premise that all children must be actively involved in the environment and in interactions with others in order for authentic learning to occur. When the 2020-2021 school year begins, our center-based programs and therapy services will look much different than they have looked in previous years due to COVID-19, the health and safety measures we have put in place which we will continue to update throughout the year. Our Preschool Reopening Plan incorporates recommendations and guidance from the [Centers for Disease Control and Prevention \(CDC\)](#), the [New York State Department of Health \(NYSDOH\)](#), the [New York State Education Department \(NYSED\)](#), and the [Office of Children and Family Services \(OCFS\)](#). Our plan has been developed to ensure that children, families and staff feel comfortable and safe returning to our preschool program sites.

The areas outlined in this plan represent the ways in which Whispering Pines Preschool will address health and safety guidelines to reopen our preschool programs safely and to sustain their safe operation. In addition, our plan retains a strong focus on the developmental and learning needs of preschool age children as well as a strong emphasis on their social emotional development.

This plan includes policies and procedures that will be followed in the following program sites: *Whispering Pines Preschool-Amsterdam; Delanson; Cobleskill; and Gloversville sites.*

We know our program must be as flexible and as responsive as possible to the needs of our children, families, and staff members. This document is fluid and will change as necessary based on guidance as it is received. We anticipate that we may need to alternate between in-person, remote learning and/or offer hybrid programs (a mix of in person and remote) throughout the year due to further recommendations and guidance from our state agencies, as well as possible stay-at-home orders from the Governor. We will closely monitor the conditions of our community as the COVID 19 pandemic continues via information supplied from our local health departments as well as the New York State Governors dashboard will be at the forefront of decision making as we move to reopen our center based programs as well as decisions made throughout the year on staying open. Defined metrics that will serve as early warning signs that COVID-19 may be increasing beyond an acceptable level will be monitored regularly.

By region: <https://forward.ny.gov/percentage-positive-results-region-dashboard>

By county: <https://forward.ny.gov/percentage-positive-results-county-dashboard>

Martha Frank and Naomi Shaffer will serve as our program's COVID-19 Coordinators. They will serve as a central contact for our program sites, families, staff and other community members. They will ensure our program sites are in compliance and following the best practices per both state and federal guidelines. Site safety managers are designated for each of our program sites.

Be assured, as we move forward, we remain committed to our children and families and are determined to provide the highest possible quality of educational programming and related services even during these difficult times. The goal of the plan is to guide the delivery of high-quality educational services as safely as possible whether that service delivery is in-person, through a remote learning platform or a blended combination of remote and in-person services. By working

together and remaining focused on the outcomes we desire, we can find solutions to the many challenges ahead.

Overall Guiding Principles

The development of this plan was guided by and grounded in the following guiding principles:

1. Safeguarding the health and safety of children, their families and staff;
2. Providing the opportunity for children to access high quality education and therapy services during the 2020-2021 school year and ESY.
3. Monitoring our programs, children, and staff and modifying schedules when necessary to appropriately contain COVID-19 spread;
4. Continuing to foster strong two-way communication with families and staff;
5. Responding to the challenges to the physical safety, social emotional well-being, and the mental health needs of our staff, children and families caused by program closure.

Communication/Family and Community Engagement

Introduction: To help inform our reopening plan, we have sought feedback and input from administrators, staff, parents/guardians of children and health care providers. Engagement efforts have included online surveys to all families, virtual forums/meetings and one-on-one conversations. As the initial plan is modified or enhanced, we expect more direct involvement from our NYSED regional associate, our OCFS licensor and local health department officials. We are committed to communicating all elements of this reopening plan to children, parents and guardians, staff and community members. The plan is available to all via the program website at <http://whisperingpineskids.com/> and will be updated throughout the school year, as necessary, to respond to local circumstances.

As part of its planning for the reopening of our program sites and the new school year, the program has developed a plan for communicating all necessary information to our staff, children, parents/guardians, visitors and county partners. The program will use its existing communication modes – including *email for staff and families, telephone, remind app; facebook; and twitter*– as well as appropriate signage from the CDC and in house developed mandatory training opportunities to support the dissemination of consistent messaging regarding new protocols and procedures, expectations, requirements and options related to program operations throughout the pandemic.

Our Communication Goals:

- To assure all children, staff, and visitors through both verbal and written communication (e.g., signage) to adhere to NYSED, CDC, and DOH guidance regarding the use of acceptable face coverings - a face mask covering the nose and mouth, when a social distance cannot be maintained.
- To provide regular updates about health and safety, scheduling, and all other information staff and families need to be aware of.
- To provide information to families through a wide array of platforms including mail, email, telephone calls, text messaging, APPs, social media and website postings.
- To provide information on how families can access technology and receive support to assist them with getting the hardware they need, access the internet, and software platform support.

How Information is Shared:

Whispering Pines Preschool has developed communication materials including, signs, newsletters, and the creation of sample messages/letters for COVID-19 cases to distribute to our staff and families. The communication methods we use to inform our program communities with information is via:

- Program website
- Email blast
- Online training
- Letters to homes via the postal service
- Social media accounts used by program
- Program and parent Meetings (Zoom, Google Suite)
- Posting via the Remind App and SeeSaw platform.
- A covid19@wppkids.com email has been created for suggestions, questions and concerns

Consistent Messaging:

Consistent and clear messaging to staff, families and via lessons to children will be increased before program re-entry in the fall, during the first week of session, throughout the first month, and

continuously throughout the year. At a minimum monthly communication will provide information on the following topics:

- Share the facts about safety and health guidelines as we currently understand them (NYSDOH, CDC, OCFS, NYSED).
- Promote the importance of social distancing, monitoring symptoms of COVID-19, when to stay home and when to see a health care provider.
- Provide information to staff and families on the use of the Stratum Health Care App for use in daily screening.
- Review the process for staff calling in sick. Provide constant reminders for staff to stay home if they feel sick.
- Implement social distancing in bathrooms, hallways, and other areas by using signs and social distancing markers on the floors.
- Promote and practice proper hand hygiene. Staff may use hand sanitizer, but hand washing with soap and water for at least 20 seconds is preferred as it is more effective. Reminders that hand sanitizer works best on clean hands are posted via signage.
- Promote and practice proper respiratory etiquette (i.e., coughing or sneezing into your elbow if a tissue is not available).
- Promote personal responsibility for staff via cleaning and disinfecting their work area and materials.
- Educating the program community on new or enhanced COVID-19 policies/procedures, including how to properly wear and dispose of a face mask/respirator and other topics related to health and safety.
- Post on our website our comprehensive plan and schedule that includes in-person instruction, remote instruction or a hybrid model of both in-person and remote.
- Post email address for contact (covid19@wppkids.com) with questions, concerns or suggestions to increase the effectiveness of our communications.

Re-Opening Trainings Completed or Planned:

All staff are required to attend a two hour training in July which addresses the following topics prior to our reopening for in-person or hybrid services. All staff have been provided with written information and login on use of the Stratum APP for daily COVID-19 screens and health checks. Information on alternate paperwork (OCFS-6051) for staff unable to use the APP and subsequent temperature check when they arrive at program. (Attachment 1-Staff Training PPT)

- COVID-19
- Signs & Symptoms
- Suspected Case
- Criteria for Exclusion
- Preventive Measures
- Daily Health Screening (Stratum APP and alternates)
- Safety Plan/Site Monitor
- PPE; Types of PPE
- Donning & Doffing Masks
- Donning & Doffing Isolation Gowns
- Donning & Doffing Gloves
- Cleaning & Disinfecting (C & D)
- Areas that need C & D
- Items that need C & D
- Physical Distancing; How far apart; Signage
- Communication

<https://www.cdc.gov/handwashing/when-how-handwashing.html>

- [Hand washing video](#)

<https://www.cdc.gov/coronavirus/2019-ncov/if-you-are-sick/steps-when-sick.html>

<https://www.cdc.gov/coronavirus/2019-ncov/community/clean-disinfect/index.html>

<https://www.cdc.gov/coronavirus/2019-ncov/community/reopen-guidance.html>

https://www.cdc.gov/coronavirus/2019-ncov/community/pdf/Reopening_America_Guidance.pdf

<https://www.cdc.gov/coronavirus/2019-ncov/prevent-getting-sick/diy-cloth-face-coverings.html>

- [Face coverings don/doff video](#)

<https://www.youtube.com/watch?v=PQxOc13DxvQ>

<https://www.cdc.gov/coronavirus/2019-ncov/prevent-getting-sick/social-distancing.html>

All staff are required to attend a training which addresses the following prior to fall re-opening (PPT in development):

- WPP procedure for notifying local health officials, staff and families immediately of a possible case/exposure while maintaining confidentiality (Attachment 2- List of counties and LHD contacts)
- Attendance policies that support when children should stay home because of sickness.
- Remind staff of sick time policy and to use sick time to stay home when sick.
- Staff who do not pass the daily screening will not be allowed in the buildings.
- Employees who present at the door with fever or visible symptoms will be sent home and must have a physician clearance to return to work
- Program re-opening protocols including mask requirements for staff and children, social distancing with children, staff and visitors, and cleaning and disinfecting procedures
- Any changes or updates in cleaning and disinfecting routines
- OCFS sign in/out requirements (OCFS-6051 & OCFS-6039)
- Transportation by County-Bus Routines for getting children on and off busses
- Mental health resources and social emotions supports for children, staff and families

Training topics to be completed with all staff-August 2020

- TBA-More added in August
 - Hazard Communication – Right-To-Know
 - Proper use of chemicals and Safety Data sheets
 - <https://www.osha.gov/dsg/hazcom/>
 - Transfer of hand sanitizer in smaller containers
 - List N: Disinfectants for Use Against SARS-CoV-2 (COVID-19)
 - <https://www.epa.gov/pesticide-registration/list-n-disinfectants-use-against-sars-cov-2-covid-19>
 - Exposure Control Plan – with a focus on Pandemic/COVID-19
 - Respirator Protection (N95 - required for identified employees per NYS)
 - Training provided for identified personnel only (screeners and nursing staff)
- <https://oshareview.com/2020/04/osha-requirements-for-occupational-use-of-n95-respirators-in-healthcare/>

Training for Screeners

Whispering Pines Preschool has identified individuals familiar with CDC and DOH guidelines in each program site who have been trained as a screeners. Screeners will wear appropriate employer-provided PPE, including at a minimum, a face covering, face shield and gloves. PPE should be used when within six (6) feet of a child or visitor.

Communicating with Families:

Consistent and clear communication with our families is critical. We will accomplish this via multiple methods.

- Regular *Remind APP* updates from program site Nurses both to all families and individual notifications when needed.
- A COVID-19 link for families on our website
- Training for children on hand washing, social distancing, wearing, putting on and removing PPE via lesson plans and activities (See Attachment 3: Lesson samples).
- Send fact sheets home and provide Zoom meetings to provide similar education for parents.
- Via a letter to parents discuss alternate plans for future impact of COVID-19 and flu season.
- Notify parents of the required use of Stratum APP for use with children and families for self-reporting of symptoms (written information and login on use of the Stratum APP). Provide alternate paperwork for families unable to use the APP and subsequent temperature check when their child arrives at program.
- Create sample letters for notifying families about COVID-19 cases or potential cases
- Post and send our comprehensive plan for a schedule that includes in-person instruction, remote instruction or a hybrid of both in-person and remote.

Signage

Signs are posted throughout the program sites with similar messages shared with the program families and community, consistent with CDC and DOH COVID-19 signage regarding public health protections against COVID-19.

Signage reminds individuals to:

- Stay home if they feel sick.
- Cover their nose and mouth with an acceptable face covering when unable to maintain social distance from others or in accordance with any stricter policy implemented by the program.
- Properly store and, when necessary, discard PPE.
- Adhere to social 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 respiratory hygiene and cough/sneeze etiquette.
- Amsterdam site signs are posted in both English and Spanish.

Health and Safety

The health and safety of our children, our staff and their families is our top priority. We want children and employees to feel comfortable and safe returning to program sites campuses. Our reopening plan incorporates recommendations and guidance from the [Centers for Disease Control and Prevention \(CDC\)](#), the [New York State Department of Health \(NYSDOH\)](#), the [New York State Education Department \(NYSED\)](#), and the [Office of Children and Family Services \(OCFS\)](#).

The following protocols and procedures will be in place in all program sites (*Whispering Pines Preschool-Amsterdam; Delanson; Cobleskill; and Gloversville sites*) for the 2020-21 school year should in-person schooling resume. Anyone with questions or concerns should contact our COVID-19 Safety Coordinator (Naomi Shaffer) at covid19@wppkids.com or by calling 518-875-6141.

For more information about how health and safety protocols and trainings are communicated to children, families and staff members, see the *Communication/Family and Community Engagement section* of this reopening plan.

To ensure employees and children comply with health and safety requirements, *Whispering Pines Preschool* will:

- Post signage throughout the buildings to remind personnel to adhere to proper hygiene, social distancing rules, appropriate use of PPE, and cleaning/disinfecting protocols.
- Establish a communication plan for staff, visitors, and parents/guardians with a consistent means to provide updated health and safety information. This will be accomplished through:
 - Website
 - Email
 - Social media
 - Print copy mailings
 - Voice and/or video messaging
 - Remind App
 - SeeSaw Platform
 - Traditional media outlets (school closing network)
- Maintain a continuous log of every person (form OCFS-6039), including staff and visitors, who may have close contact with other individuals at the work site, program, or area; excluding deliveries that are performed with appropriate PPE or through contactless means.
- Immediately notify state and local health departments and cooperate with contact tracing efforts if a worker or staff member tests positive for COVID-19, This includes notification of potential contacts, such as workers or visitors who had close contact with the individual, while maintaining confidentiality required by state and federal law and regulations (see section on “Management of Ill Person”).

Facility Entry and Face Coverings

- *Entry and egress* in and out of all buildings will be limited to designated doors. All entry to the buildings will occur through the designated entrance to a check-in point.
- A *face covering*, must be worn by all individuals, staff, visitors, and children whenever possible based on age, developmental and medical needs, on Whispering Pines Preschool property when social distancing cannot be maintained. Lessons and activities have been developed to ensure all children are taught or trained how to follow new COVID-19 protocols safely and correctly, including but not limited to hand hygiene, proper face covering wearing, social distancing, and respiratory hygiene. These will be shared with families.

- *Acceptable face coverings* for COVID-19 include but are not limited to cloth-based face coverings (e.g., homemade sewn, quick cut, disposable), and surgical masks that cover both the mouth and nose. Alternate PPE (face coverings that are transparent at or around the mouth) for instruction or interventions that require visualization of the movement of the lips and/or mouths (e.g., speech therapy) will be allowed for use. These alternate coverings may also be used for certain children (hearing impaired; ASD) who benefit from being able to see more of the face of the faculty or staff member.
- Face coverings should be cleaned or replaced after use and must not be shared. Staff and parents/legal guardians are responsible for maintaining their face coverings.
- *Face shields* worn without other face coverings are not considered adequate protection or source control against COVID-19 and should not be used alone but can be used in conjunction with a mask.
- *N-95 respirators or other PPE* used under existing industry standards should continue to be used for workplace activities that require a higher degree of protection for PPE due to the nature of the work in accordance with [OSHA guidelines](#) (nursing procedures).
- All individuals may choose to utilize their own face covering; however, face coverings are provided by Whispering Pines Preschool. Acceptable cloth and disposable face coverings and face shields are available for all staff members at no cost to the staff member, pursuant to Executive Order 202.16, as amended and extended.
- An adequate supply of face coverings, masks, and other required PPE are available on hand should staff need a replacement, or a child be in need.

Daily Health Screening and Temperature Checks

- Prior to entering all Whispering Pines Preschool locations, individuals must complete a medical screening questionnaire. Whispering Pines Preschool has contracted with Stratum Health and has implemented this easy to use app that allows both staff and families to perform their own required daily health checks.
- All on-site screening will be coordinated in a manner that prevents individuals from intermingling in close or proximate contact with each other prior to completion of the screening.
- Staff should complete the Stratum Health APP screening prior to arriving at work.
- Parents are encouraged to complete the Stratum Health APP screening prior to sending their child on a bus.
- Although completion of the Stratum Health survey by staff and families is preferred before arriving to our program sites, paper copies of the questionnaire will be available at entry doors for staff arriving without having completed the daily screening (OCFS - 6051). Children who arrive without a survey completed will have their temperature checked before being allowed into a classroom. Their parent will receive a telephone reminder about completing the Stratum App for their child each day.
- Temperature checks are conducted via a no-touch thermometer. If a regular thermometer is used it will be disinfected after each use with an alcohol wipe. Records maintained related to temperature will indicate either pass or fail with no notation or record of temperature.
- If an individual presents a temperature of greater than 100.0°F, the individual must be denied entry into the facility, or sent directly to a dedicated area prior to being picked up or otherwise sent home.
- No records of child, staff, and visitor health data (e.g., the specific temperature data of an individual), will be maintained but rather records that confirm individuals were screened and the result of such screening (cleared/not cleared).

- Staff are required to monitor their own temperatures prior to arrival on program sites and throughout the day. Anyone whose symptoms response changes from a NO to YES during the day, must contact their supervisor immediately and await further instruction.
- All staff and visitors must sign in and out of each building with the entry desk **each** time they enter and exit the building (OCFS-6039).
- Children will be signed in and accounted for as without fever/symptoms and able to attend program through attendance via the classroom teacher (via Enter Claims) and dashboard of the Stratum APP.
- Multiple individuals entering the building simultaneously will be required to stand at the marked out locations on the floor, maintaining social distance until they can be signed in and screened.
- Markings (tape) will be placed on the ground to indicate six (6) foot lengths to provide for greater social distancing for individuals while in line.
- Parents/guardians are reminded that children may not attend program if they have had a temperature of greater than 100.0°F at any time in the past 14 days, even if a fever-reducing medication was administered and the child no longer has a fever.
- Should a person fail the medical screening, specific procedures should be followed. Please reference the *Suspect or Confirmed COVID-19 Case section* below for guidance.
- Quarantine of children and staff will be required after international travel or travel within [certain states](#) with widespread community transmission of COVID-19, pursuant to current CDC and DOH guidance, as well as [Executive Order 205](#).

Social Distancing

- All individuals on Whispering Pines Preschool program sites must maintain social distancing and wear face covering when social distancing cannot be maintained.
- Parents/guardians report to the front office and not go beyond unless it is for the safety or well-being of their child.
- Proper social distancing is defined as a six (6) foot separation between individuals. When social distancing is practiced, such as in an isolated office or large meeting space, the individuals may remove their face covering. In common areas, such as hallways or bathrooms, the face covering must be worn.
- Six (6) foot distance between staff is required, unless safety or core function of the work activity requires a shorter distance. Any time staff are less than six (6) feet apart from one another, staff must wear acceptable face coverings.
- Tightly confined spaces will be occupied by only one individual at a time, unless all occupants are wearing face coverings.
- Tape or signs that denote six (6) feet of spacing in commonly used and other applicable areas on the site are clearly marked.
- Essential in-person gatherings, such as meetings, will be held in open, well-ventilated spaces with appropriate social distancing among participants.
- Designated areas for pick-ups and deliveries will be established, limiting contact to the extent possible.
- Signage and distance markers denoting spaces of six feet are posted in all commonly used areas and any areas in which lines are commonly formed or people may congregate (e.g., outdoor spaces, sensory rooms, classrooms, health screening stations).

Cohorts and Social Distancing

- Classrooms will be organized in “Cohorts,” (self-contained, pre-assigned groups of children with reasonable group size limits as set forth by NYDOH and OCFS).
- Measures will be enacted to prevent intermingling across cohorts, to the greatest extent possible (separation by appropriate social distancing, if there are multiple cohorts in one area).

- Cohorts are fixed groups— meaning the same children and staff are together each day for the duration of the COVID-19 public health emergency. Therapy schedules will be developed to minimize the number of cohort groups any therapist works with.
- Using a cohort model, cleaning and disinfection will be performed in between each group's use instead of individual's use.
- A distance of twelve feet in all directions is maintained between individuals while participating in activities that require projecting the voice (singing) or vigorous physical activity with these activities held in large rooms or spaces or outdoors.
- Our programs will put forth every effort to maintain social distance in our classrooms. However, given that the core function of our programs is to provide special education and regular education services to preschool children it is necessary for staff to provide more hands on direct assistance to our children that will not allow for social distancing in many instances. Our program will provide masks/face covering for all children. Many of our children, due to developmental disability, documented medical conditions or young age, will not tolerate any face coverings. They will receive an extended learning period to tolerate these.

Social Distancing for Staff

- Installation of barriers in public-facing offices has been completed. Workstations/cubicles shields have been made and installed for office desks and other spaces where needed.
- Staggered start and end times for staff will be initiated
- Staggered lunch and break times are implemented. Staff are encouraged to eat lunch in their spaces.
- Refrigerator lunch storage (lunch must be in zippered-labeled lunch bags)
- Staff restrooms will be cleaned twice daily with handwashing and social distance signs posted
- Signs posted throughout our sites

Visitor and Vendor Practices

Essential visitors to facilities and parent/guardian visitors will be required to wear face coverings and will have restricted access to our program buildings. No outside visitors or volunteers will be allowed on program sites, except for the safety and well-being of children.

- Nonessential visitors are limited in all of our buildings until further notice.
- Visitors must follow the 6-foot social distancing mandate and follow regulations for wearing proper face covering prior to entering any program site to limit the spread of illness while on site.
- All visitors must complete the OCFS-6051 screening form and have their temperature checked at the door by the program nurse or other designated person. Hand sanitizer is available at sign in and out stations.
- Temperature checks completed via a no-touch thermometer. If a regular thermometer is used it will be disinfected after each use with an alcohol wipe. Records maintained related to temperature will indicate either pass or fail with no notation or record of temperature.
- Individuals who cannot answer no to all questions and/or have a fever of 100.0°F or above or other signs of illness will not be admitted to the program buildings.
- Visitor sign-ins (after screening: Visitors must also sign in to the OCFS - 6039 form for contact tracing with their identification for a visitor badge. All visitors will be accompanied by a staff member while on a program site.
- Should a visitor become ill while on campus, they must alert the staff member they are visiting to report the issue and then immediately seek medical attention.
- All meetings including parent-teacher conferences and other meetings will be completed via phone/virtual conferences until further notice.

Vendor

- All vendors must be wearing proper face covering prior to entering any building and it must be worn at all times when six (6) foot social distance cannot be maintained.
- All vendors must report for temperature screening and to fill out the OCFS-6051 COVID-19 screening form. No vendor should enter a building unless necessary for completion of their job. All meetings with vendors should be held outside or via Zoom when possible.
- All vendors must sign in and out using the OCFS - 6039 form for contact tracing with their identification. All vendors will be accompanied by a staff member.
- Should a vendor become ill while on campus, they must alert the staff member they're visiting to report the issue and then immediately seek medical attention.

Personal Hygiene

Our program will adhere to hygiene and cleaning and disinfection requirements as advised by the CDC and DOH, including ["Guidance for Cleaning and Disinfection of Public and Private Facilities for COVID-19,"](#) and the ["STOP THE SPREAD"](#) poster, as applicable. All children and staff are trained on proper hand and respiratory hygiene. This information is also provided to parents and/or legal guardians on ways to reinforce this at home.

Hand hygiene stations are provided on each program site. as follows:

- For handwashing: soap, running warm water, and disposable paper towels.
- For hand sanitizing: an alcohol-based hand sanitizer containing at least 60% alcohol for areas where handwashing facilities may not be available or practical.
- Hand sanitizers are available throughout common areas, placed in convenient locations, throughout the building, classrooms, therapy spaces and entrances and exits.
- Signage indicating that visibly soiled hands should be washed with soap and water are displayed near hand sanitizer stations.

Hand washing - Children and staff must practice good hand hygiene to help reduce the spread of COVID-19. Each classroom has scheduled time in the school day to allow for hand hygiene.

- Hand hygiene includes:
 - Signage is posted encouraging hand washing and correct techniques;
 - Traditional hand washing (with soap and warm water, lathering for a minimum of 20 seconds), is the preferred method in our classrooms (singing or humming the happy birthday song twice);
 - Adequate wash stations and supplies for hand washing are available on all program sites
 - Use of paper towels dispensers next to all hand wash stations
 - Use of foot pedal trash cans where feasible;
 - Extra time in the classroom schedule to encourage frequent hand washing.
- Children and staff should wash hands as follows
 - Upon entering the building and classrooms;
 - After sharing objects or surfaces;
 - Before and after snacks and lunch;
 - After using the bathroom;
 - After helping a student with toileting;
 - After sneezing, wiping, or blowing nose or coughing into hands;
 - Upon coming in from outdoors;

- Anytime hands are visibly soiled;
- When handwashing is not available use a hand sanitizer;
- Hand Sanitizer - At times when hand washing is not available children and staff may use a hand sanitizer. In order for the sanitizer to be effective it must contain a minimum of 60% ethanol or 70% isopropyl alcohol. Children must be monitored and supervised when using hand sanitizers.
- Signage placed near sanitizer dispensers indicate soiled hands should be washed with soap and water;
- Sanitizer dispensers are located near entrances and in common areas

Our Health director has approved the use of alcohol-based hand sanitizers in program facilities without individual's physician orders as alcohol-based hand sanitizers are considered over-the-counter drugs. Use of alcohol-based hand sanitizers with children must always be supervised by adults to minimize accidental ingestion and promote safe usage. Parents/guardians can inform the program that they do not want their child to use alcohol-based hand sanitizers by sending a written notice to our program nurse (notification in fall enrollment packets and sent via email and Remind App). Accommodations for children who cannot use hand sanitizer are provided to allow for their use of handwashing stations.

Toileting and Hand Washing:

- Most of our classrooms have adjoining sinks and toilets.
- In the program sites and/or classrooms that do not have toilets (Gloversville and Cobleskill), staff will escort children to the bathroom one at a time.
- The bathrooms used on each of our sites are only used by children from Whispering Pines.
- Bathrooms that are shared by classrooms will be on a schedule that does not overlap and will be completely sanitized after classroom cohort use.
- The Gloversville classrooms each have a sink within them.
- Most of the Amsterdam facility classrooms have at least one sink.

Promote healthy habits:

- All classrooms provide lessons on coughing and sneezing etiquette.
- Tissues for use by students and staff are available in classrooms and common areas.
- All classrooms provide lessons on the importance of children not touching their faces or other people's faces. Signage reminders are posted and our Pyramid mascot TED is incorporated into these.
- All supplies handled for longer periods of time (e.g., crayons, scissors, pencils, etc.) are provided in individually labeled pencil/crayon boxes for each child.
- All classrooms follow OCFS guidelines for the use of toys in cohort groups. These items are not shared with other cohort groups and cleaned/disinfected daily.
- Most upholstered furniture and soft seating have been removed from classrooms.

PPE Policy-Infection Control

CDC and NYSDOH recommend the use of full personal protective equipment for school health personnel when providing care to all persons as part of infection control protocols.

- All staff will use standard precautions at all times. This includes, but is not limited to:
 - Hand hygiene (wash hands with soap and water frequently throughout the day)
 - Use of gloves when in contact with bodily fluids
 - Respiratory hygiene/cough etiquette
 - Face masks

- Licensed healthcare professionals and any other designated staff will use transmission-based precautions when carrying out duties for screening / data collection purposes
- Licensed healthcare professionals will use transmission-based precautions when they encounter a child or staff displaying COVID-19 symptoms
- Transmission-based precautions include, but is not limited to:
 - Face masks should be surgical
 - Respirators - KN95 or N95 masks – masks that are fitted tested
 - Eye protection or face shields
 - Gloves
 - Isolation gowns

For optimal protection, when worn, the face shield must be worn with a mask and

- Extend below the chin anteriorly
- To the ears laterally
- There should be no exposed gap between the forehead and the shield's headpiece
- Only be worn one person per shield
- Be cleaned between use; and
- The wearer should wash their hands after removing the shield and before putting it on
- Staff with prolonged contact with children and those assisting at meal time are strongly encouraged to wear and face shield in addition to their face mask.

Face Coverings

Purpose: These are meant to protect other people in case the wearer is asymptomatic (infected with but is not showing symptoms of COVID-19). These are not surgical masks, respirators (N95 or KN95 masks) or other types of personal protective equipment (i.e, face covering with transparent window for visualization of mouth)

All staff must wear some type of face-covering when children are present in the building, or when they are unable to maintain physical distance from anyone else. This includes, but is not limited to:

- Classrooms
- Hallways and other congregate settings
- Restrooms
- Playgrounds and other outdoor spaces
- Offices
- Drop off and pick-up areas

Acceptable face covering must be supplied to employees and have an adequate supply for replacement per Executive Order 202.16.

- Staff may wear their own acceptable face covering (bandanas are not acceptable)
- Employees with healthcare documentation stating they are not medically able to tolerate a face-covering cannot be required to do so.

Face coverings may be challenging for students (especially younger students) to wear in all-day settings such as school, so scheduling mask breaks is important. **Face coverings should not be placed on:**

- Children younger than 2 years old;
- Students where such covering would impair their health or mental health, or where such covering would present a challenge, distraction, or obstruction to education services and instruction;
- Anyone who has trouble breathing or is unconscious; or
- Anyone who is incapacitated or otherwise unable to remove the cloth face covering without assistance.

Staff will be instructed on:

- The proper way to wear face coverings
- Washing hands before donning and after doffing their face covering
- Proper way to dispose of face coverings
- The importance of routine cleaning of reusable face coverings; and
- Face coverings are for individual use only and should not be shared.
- Staff may use alternate PPE for instruction or intervention, such as speech therapy
 - Face Shield with mask or mask with transparent window for mouth visualization

Aerosol Generating Policy (AGP)

Parents are asked to supply MDI (**metered dose inhaler**) with spacers if their child has Asthma. Respiratory treatments administered by nurses generally result in aerosolization of respiratory secretions. This increases the risk of pathogen exposure and infection for anyone near the child receiving the treatment. Full PPE will need to be worn if:

- Suctioning
- Administering nebulizer treatments, or
- Using peak flow meters

Full PPE for AGP procedures include:

- Gloves
- N95 mask, or
- Surgical mask with face shield
- Eye protection if using an N95 or KN95 mask
- A gown.

Any AGP needs to be done in a room with the door closed whenever suctioning, administering a nebulizer treatment, or when assisting with use of a peak flow meter.

Cleaning of room and equipment must be done following any treatment. No use of shared equipment (site nebulizer in lieu of a child specific nebulizer cannot be used). When cleaning the room a new full set of PPE should be donned.

In order to reduce risks, and further demands on the PPE supply chain, CDC recommends the use of MDI (an inhaler, preferably with a spacer).

Nurse Office and Space

- All children (when possible) and staff are required to wear appropriate face coverings.
 - N95 Respirator use for nurses should be limited to situations of suspected COVID-19
 - Nurses trained in use and fitment of N95 Respirators prior to use.
- Nurse stations and added isolation areas have been designed to:
 - Maintain social distancing of no less than 6ft.
 - Create “sick” and “well” zones.
 - Children that receive daily medication or being seen for a minor injury (i.e. scrape or bruise) should be treated separately from children presenting with symptoms of illness.
 - Nebulizer treatments should be conducted in a separate isolated space with adequate fresh air circulation and PPE.
 - Physical separation will be achieved by utilizing:
 - Polycarbonate barriers
 - Retractable dividing curtain walls.

Management of Ill Persons

Purpose: To discern if illness symptoms are related to COVID-19 or are due to known conditions that may be present in the child or staff member.

Child to be escorted by site nurse, or staff member reports to the Isolation room. If more than one child is in the isolation room physical distancing of 6 feet apart must be maintained.

- Site nurse (with PPE on) will be called to come and get the child
- She will check temperature using the ear thermometer and she will note any other symptoms
- She may contact parents, inquiring if symptoms are part of a known condition
- Site nurse will report findings to RN, If the findings are part of known chronic conditions such as asthma and allergies or chronic gastrointestinal conditions they may present the same symptoms as COVID-19 but are neither contagious nor pose a public health threat
- If symptoms do not pose a public health threat the child will be returned to class
- If following symptoms are present & there is no known chronic condition site nurse will check for
 - Temp of 100 or greater and any of the following symptoms are noted:
 - Difficulty breathing/Shortness of breath
 - Chest pressure
 - New loss of taste or smell
 - Cough
 - Runny nose
 - Body aches
 - Fatigue
 - Headache
 - Nausea/Vomiting/diarrhea
 - Chills
- Child will remain isolated in the designated isolation room until picked up
- Child's belongings will be brought to isolation room
- If the child or staff member has emergency warning signs such as trouble breathing, persistent pain or pressure in the chest, new confusion, inability to arouse, bluish lips or face, call 911 and notify the operator that the person may have COVID-19
- Parent/guardian or Emergency Contact will be notified of need for immediate pick up
- Nurse/staff in isolation with child will walk child to outside door. Parents are NOT to enter the building
- Nurse will recommend: Call primary care provider (PCP), COVID-19 testing as directed by PCP, home isolation based on outcome of testing. Child to stay home 14 days if quarantined. There must be 72 hours of no symptoms without the use of medication
- If the physician determines the child does not have COVID-19 we will need a note stating diagnosis—the child may return 24 hours following the absence of symptoms Including fever WITHOUT the use of medication

If a child or staff member becomes ill with COVID-19 like symptoms this must be reported to site directors/supervisors and designee shall immediately notify a local public health agency of any disease reportable under the public health law.

Ideally, there are two separate areas for school health personnel – one room for healthy children who have injuries or need medication and another room for ill children. Both rooms require a supervising adult. A nurse or staff member providing supervision for ill children must wear full PPE as designated by our health coordinator.

- Staff to be instructed in symptoms of Multisystem Inflammatory Syndrome in Children (MIS-C) associated with COVID-19. This is a serious, but rare condition that often follows outbreaks of COVID-19, usually 4-6 weeks following the peak of the COVID-19 outbreak. Educate parents of this condition and notify them if the following symptoms are seen in their child:
 - Fever (generally very high)

- abdominal pain (at least 74.2% of children under 5-years has this symptom)
- vomiting (74.2% of children under 5-years has this symptom)
- diarrhea (74.2% of children under 5-years has this symptom)
- neck pain
- rash (87% of children under 5-years has this symptom)
- bloodshot eyes
- feeling extra tired
- Schools must call for emergency transport (911) following program policies, for any child showing any of these emergency warning signs of MIS-C or other concerning signs:
 - trouble breathing
 - pain or pressure in the chest that does not go away
 - new confusion
 - inability to wake or stay awake
 - bluish lips or face
 - severe abdominal pain
- If a child or staff member reports having tested positive for COVID-19, school administrators or his/her designee should notify the local health department to determine what steps are needed for the school community.

Isolation Rooms

- Individuals presenting with symptoms representative of COVID-19 will be immediately isolated to reduce risk of transmission.
- Whenever possible, separate, independent room/s with a door in close proximity to the exterior will be utilized for quarantining individuals who present with symptoms representative of COVID-19.
- Where excess space is not available. Nurse stations will be equipped with dividing curtains allowing for both a physical divide and at minimum 6ft of separation.
- These rooms have been identified in each building

Return to School Following Illness

Purpose: Guidelines for returning to school following COVID-19 like symptoms:

If the staff or student has been diagnosed by a healthcare provider with a viral or bacterial illness that is not COVID-19:

- The individual may return to school after symptoms have abated for 24 hours without use of medication.

If the student or staff member has tested positive for COVID-19 they are placed in isolation:

- Isolation lasts 10 days
- The individual may return 10 days following the diagnosis as long as symptoms have abated for 72 hours without use of medications with note from a physician AND a negative COVID test.

If the student or staff member has not seen their HCP it will be treated as a presumed positive and they are quarantined:

- Quarantine lasts for 14 days
- The individual may return 14 days following the diagnosis as long as symptoms have abated for 72 hours without use of medications

If the student or staff member has been placed in quarantine because a family member is ill with COVID-19

- They are placed in quarantine
- As long as they do not become ill with COVID-19 they may return to school in 14 days

- If they become ill they will need to be out 10 and until symptoms have abated for 72 hours without use of medications

Why is quarantine longer than isolation?

- Studies have shown that viral load in the person with COVID-19 is very low by day 10 and they are considered no longer contagious
- As long as the individual is has had no symptoms for 72 hours with no meds they are considered ready to return to school/work
- Incubation period for COVID-19 is up to 14 days following exposure so if the person has not developed COVID-19 in that length of time, all symptoms of illness are gone they may return to school/work

Covid-19 Testing & Tracing

Testing is up to HCP (physicians, NPs, or PAs) or the local health department to determine if students and/or staff are to be tested for COVID-19.

Whispering Pines Preschool has established protocols and procedures, in consultation with the local health department(s) (See Attachment 1- List of counties and LHD contacts), about the requirements for determining when individuals, particularly children, who screened positive for COVID-19 symptoms can return to the in-person learning environment at school. This protocol includes:

- Documentation from a health care provider following evaluation
- Negative COVID-19 diagnostic test result
- Symptom resolution, or if COVID-19 positive, release from isolation

Whispering Pines Preschool will refer to DOH's ["Interim Guidance for Public and Private Employees Returning to Work Following COVID-19 Infection or Exposure"](#) regarding protocols and policies for staff seeking to return to work after a suspected or confirmed case of COVID-19 or after the staff member had close or proximate contact with a person with COVID-19.

Whispering Pines Preschool requires that individuals who were exposed to the COVID-19 virus complete quarantine and have not developed symptoms before returning to in-person learning. The discharge of an individual from quarantine and return to program will be conducted in coordination with the local health department and guidance form the NYDOH .

Contact tracing is a public health function performed by local public health departments to trace all persons who had contact with a confirmed case of COVID-19. This allows public health officials to put in place isolation or other measures to limit the spread of the virus. WPP must cooperate with state and local health department contact tracing. WPP may assist public health departments in knowing who may have had contact at school with a confirmed case by:

- keeping accurate attendance records of students and staff members;
- ensuring student schedules are up to date;
- keeping a log of any visitors which includes date, time and where in the school they visited; and
- Assist local health departments in tracing all contacts of the individual at school in accordance with the protocol, training, and tools provided through the New York State Contact Tracing Program. This does not mean schools are required to have staff members take the contract tracing program. Questions should be directed to the local health department.

Confidentiality must be maintained as required by federal and state laws and regulations. School staff should not try to determine who is to be excluded from school based on contact without guidance and

direction from the local department of health.

To ensure our program and staff comply with contact tracing and disinfection requirements, Whispering Pines Preschool will do the following:

- Follow our plan for cleaning, disinfection, and notifying Public Health, in the event of a positive case. In the case of a staff member testing positive for COVID-19, CDC guidelines will be followed regarding cleaning and disinfecting our building.
<https://www.cdc.gov/coronavirus/2019-ncov/community/disinfecting-building-facility.html>
- Close off areas used by the person identified as COVID-19 positive.
- Open outside doors and windows to increase air circulation in the area.
- Wait 24 hours before cleaning and disinfecting.
- Clean and disinfect all areas used by the person who is sick, such as offices, bathrooms, common areas, shared electronic equipment like tablets, touch screens, keyboards, remote controls, and copier machines.
- Vacuum the space with a vacuum equipped with high-efficiency particulate air (HEPA) filter.
- Temporarily turn off room fans and the central HVAC system that services the room or space, so that particles that escape from vacuuming will not circulate throughout the facility.
- Workers without close contact (no quarantine order from LHD related to contact tracing) with the person who is sick can return to work immediately after disinfection.

Medically Vulnerable/High-Risk Groups Policy

WPP will work with families to determine if their child or other family members fall in a high-risk category. We understand that some children may need to attend school remotely if they or a family member needs added or alternative provisions for increased physical distancing. In these cases, accommodations will be made to best meet the needs of all students in our school community.

Staff (and their family members) and children and their families in these groups should consult with their healthcare provider regarding prevention:

- Individuals age 65 or older
- Pregnant individuals
- Individuals with underlying health conditions, including, but not limited to:
 - Chronic lung disease
 - Moderate to severe Asthma
 - Serious heart conditions
 - Immunocompromised
 - Severe obesity (body mass index [BMI] of 30 or higher)
 - Diabetes
 - Chronic kidney disease undergoing dialysis
 - Liver disease
 - Sickle cell anemia
- Children who are medically complex, including any of the above conditions, plus:
 - Neurological conditions
 - Genetic conditions (such as Down syndrome, Edwards syndrome, etc.)
 - Metabolic conditions
 - Congenital Heart defects

All of these conditions place individuals at higher risk for severe illness from COVID-19

Since children with special needs or children who are medically fragile may not be able to maintain physical distancing, hand hygiene, or wear a face covering or mask, it is important for all parties,

parents/guardians, school personnel and the child's healthcare provider(s) to work together to make an informed decision on how to best meet their needs. Transitioning back to school requires:

- Planning and coordination of:
 - School health services personnel
 - School administration, teachers, and therapists
- Awareness that families are already under significant stress and COVID-19 has made their situations more stressful

Alternate plans will be created in consultation with school health personnel on how to best meet the needs of the child which may include:

- Additional PPE for staff caring for medically vulnerable or fragile child
- Assigning only one staff member to care for the child, and/or
- Decreasing the number of children in classroom, alternating schedules, and provision of education and therapies individually rather than in groups

If the parents/guardians choose not to send their child back to school, we will work with the parents to provide instruction and therapies remotely.

Program Closure Considerations

When a person has been identified (confirmed) or suspected to be COVID-19 positive; Whispering Pines Preschool will:

- Have program administrators collaborate and coordinate with local health officials to make closure cancellation decisions.
- Establish a plan to close programs for physical attendance of children, if necessary, based on public health guidance and in coordination with the local DOH.
- Develop a plan for continuity of education and establish alternate mechanisms to deliver services.

Short-Term Closure Procedures

- Implement as needed short-term closure procedures regardless of community spread if an infected person has been in a program building. If this happens, CDC recommends the following procedures:
 - Closing off areas used by ill person(s) and locking off area(s), signage can also be used to ensure no one enters the area. If possible, wait 24 hours before you clean and disinfect. Do not use the area(s) until cleaning and disinfection has taken place.
 - Open outside doors and windows to increase air circulation in the area.
 - Cleaning staff (wearing PPE as recommended by our health coordinator) should clean and disinfect all areas (e.g., offices, bathrooms, and common areas) used by the ill person(s), focusing especially on frequently touched surfaces.
 - Communicating as soon as possible with staff, parents, and children.
- Use DOH guidance/procedures for when someone tests positive for COVID-19.
 - In consultation with the local DOH, we will consider whether closure is warranted and the period of time (prior to re-opening) based on the risk level within the specific community as determined by the local DOH.
 - In accordance with guidance for quarantine at home after close contact, the classroom or office where the COVID-19-positive individual was based will typically need to close temporarily as children or staff quarantine.
 - Additional close contacts at program outside of a classroom should also quarantine at home.
- The Program may consider closing if required cleaning products (bleach and water can be used as a cleaning product) and PPE are not available

Regional Closing of Schools.

- 7 metrics followed by the NYS Dashboard
 - Schools will reopen if a region is in Phase IV and the daily infection rate remains below 5% using a 14-day average
 - Schools will close if the regional infection rate is greater than 9% using a 7-day average after August 1, 2020
- Thresholds will be determined on a case-by-case basis dependent on the numbers (school closures may be a response).

Facilities and Emergency Drills

Emergency Response Protocols & Drills

The 2020-2021 school year is likely to include hybrid models of the traditional school day. Emergency response drills, including evacuation and lockdown drills, must still occur as specified by OCFS and NYSED.

Emergency Response Protocols

- Shelter-In-Place/Hold-In-Place
- Evacuation
- Lockout/Lockdown

Shelter-In-Place / Hold-In-Place

Areas are identified in each program site that will be used for the Shelter-in-Place. Shelter-In-Place protocols will be the same with the following changes:

- Whenever possible either 6 feet of space between children and staff or use of face coverings will be maintained during the Shelter-In-Place
- Use of face coverings throughout the event may be considered
- If 6 feet between staff and children cannot be achieved, face coverings should be worn at all times during the event
- Plan to have extra face coverings on hand in the event that a person does not have one
- Listen for updates and respond accordingly

Evacuate

Evacuation protocols will be routinely the same with some minor adjustments:

- Areas outside of the building have been identified for all program sites that will allow 6 feet of separation of children and staff.
- In effort to get all staff and children out of the building as quickly and efficiently as possible, face coverings for children should be used whenever possible. Safety is the first priority and assures children are able to react to an emergency appropriately.
- Extra face coverings are available in all program sites.
- Planning to reduce the number of people touching the door hardware when leaving the building varies by program site. Most classrooms have doors that exit directly from their classroom to the outdoors. One individual is assigned to confirm that everyone has vacated the building
- Extra face coverings and hand sanitizer have been added to each classroom “go bag” which is already a part of our evacuation procedure.

Lockout/ Lockdown

During a Lockdown/lockout, there will be a violation of the six (6) foot recommendation between people. In order to protect life safety, lockdown protocols will be the same process as they have been conducted in the past.

- The priority is to go to a place in the room that is out of the line of sight
- Face coverings should be worn by children during the event whenever possible
- Extra face coverings are available for children and adults.

In order to prevent the spread of COVID-19 infection on our program sites, facilities operations will be geared toward meeting social distancing requirements and cleaning frequently touched spaces

regularly. In carrying out projects or tasks supporting infection control, requirements will be met for changes associated with building spaces.

Facility Capacities/Changes

General Office Area

- All offices will be limited to 50% the rated occupancy for the space.
- Offices and small spaces are limited to one (1) individual at a time.
- In a multiple occupant office, staff will maintain at least 6ft of separation between individuals or have Plexiglas dividers in place.
- Workstations have been configured so that employees have Plexiglas partitions when facing each other cannot be avoided.
- Face coverings are worn in our multiple use office settings.
- Where possible Whispering Pines Preschool has flex hours and work from home shifts for some office staff to reduce the number of employees in the worksite at one time.
- Shift start and end times are staggered for morning arrival of staff to eliminate overcrowding at entrances and exits and for hourly staff when clocking in and out.
- Staff are encouraged to use virtual meeting tools, including phone and virtual teleconference (Zoom), in lieu of in-person meetings, whenever possible.
- If in-person meetings are essential, Whispering Pines Preschool will follow state guidelines for group size, social distancing and wearing face coverings.

Break Rooms (In program sites where available-Amsterdam and Gloversville)

- Staff in breakroom must maintain a minimum of 6 ft. separation when consuming food or drink.
- Staff are advised to take their lunch and breaks in their office or classroom or outside at a picnic table.
- Staggered break schedules are utilized to assist with separation concerns.
- A minimum of 6 ft. separation must be observed when at Water coolers.

Copier Rooms/Areas

- Congregating in copier rooms/areas is not allowed.
- Cleaning supplies are provided at copier stations.
- Staff are encouraged to wipe down touch surfaces post and prior use.

Restrooms

- All bathrooms are limited to one person at a time.
- Signage is posted on entry indicating one person at a time.
- Individuals must knock before entering a bathroom to ensure there is no other occupant present.
- When a child is assisted in the use of the lavatory, the adult present must be wearing all applicable personal protective equipment including a face covering and gloves and when medically or developmentally applicable, the child will be wearing a proper face covering as well.

Hallways/Stairwells

- Adequate distancing will be obtained between all individuals by taped off lanes on the corridor floors/ stair treads.
- All individuals must also allow for adequate space between when traveling in the same direction.

Classrooms

- Windows/doors are opened to ventilate the building before and after children arrive.
- Occupancy in each classroom will be specific and determined based on the overall square footage of the space and guidance from OCFS, NYSED and NYDOH.
- 6 ft. of separation from others will be practiced whenever possible.
- Overall class sizes will be reduced to accommodate all safety parameters; alternate spaces will be used on program sites where this space is available (Amsterdam).
- Children (whenever possible based on age, developmental level and medical circumstances), teachers and support staff will be required to wear a proper face covering.
- Classes will be outside multiple times during the program times whenever possible (weather); children are encouraged to spread out. Additional fenced in areas will be added in Amsterdam.
- In Amsterdam, Delanson - Hold Music Together classes in the gym or outside for increased social distancing. In closer spaces have children use musical instruments rather than singing.
- For SCIS classes break the children into two work groups using the A/B model of centers when possible-alternating cohorts every other day within the split room.
- Whenever possible therapy staff will travel to the classroom to provide therapy session.
 - Therapy assignments are modified by limiting the number of cohort groups the therapist works with.
- The following classroom items have been removed:
 - Unnecessary furniture
 - Items with soft surfaces that are difficult to disinfect removed and stored:
 - Soft fabric chairs/seating
- **Shared Objects**
 - The sharing of objects, such as cubbies, laptops, notebooks, touchscreens, writing utensils, chalk and dry erase boards, toys and musical instruments as well as the touching of shared surfaces, such as tables will be limited to sharing within the cohort group.
 - Each child has a labeled pencil box for writing tools and scissors. An additional box is available for face mask storage.

Computer Areas

- The use of shared space and equipment use will be limited where feasible by supplying more staff with Laptop computers.

Water Stations

- As required by New York State Code a potable water supply will be provided per 150 occupants, but not less than one source per floor.
- Additional bottle filler stations will be installed where necessary.
- When filling containers at the water station there can be no touch contact between the them

Floor Demarcations

- All entrances or areas have floor signage installed allotting for a minimum of six (6) feet of separation between all individuals
- Corridor doors will all be affixed open using electromagnetic hold-open devices to minimize the need to touch doors.

Playgrounds:

- Access is restricted to outdoor equipment by cohort groups.
- Deep cleaning of playground equipment and benches is based on current guidance from CDC.

- A regular cleaning/disinfection program is in place between cohort groups based on the latest guidance.
- Children must wash hands before and after using playground equipment.

Ventilation

Whispering Pines Preschool will ensure sufficient ventilation and fresh air to all spaces of occupancy by means of:

- In Amsterdam, Gloversville and Schoharie modifications to the Building Management Systems to allow fresh air dampers to introduce more outside air.
- Air handling systems have been inspected for function with higher MERV rated filters.
 - Where applicable filters will be exchanged for MERV rating ranging from 11-13.
- In Delanson and Cobleskill, spaces where fresh air is limited due to original building systems, fresh air will be introduced through open windows and doors.
- Air filters have been purchased and placed in all classroom, therapy and office areas.
- More frequent maintenance and inspection of the systems will occur to mitigate extra strain on systems.
- Filter replacement schedules and sanitizing and cleaning will be more frequent.

Sign in Security /Reception Areas

Sign in Stations will remain at all main entrances of each Program site.

- In Amsterdam, Delanson and Cobleskill where a multi- entrance design is used, additional sign in security areas are available.
- They will serve as the primary location for accounting for all individuals entering and exiting the building.
- Floor demarcations will indicate where visitors shall stand to maintain social distance.

Arrival and Dismissal Procedures

Purpose: to reduce congestion as children enter and leave the building

Procedures for bus/caregiver/parent pick up-All sites.

- Parents to receive information regarding pick-up and drop-off from teachers, health policies and information regarding health screening / and an app they can use to do the daily health screening. Include that caregiver/parent drop-offs should be as brief as possible.
- Remind caregivers/parents to wash their own hands and assist in washing the hands of their children before drop off, prior to pick up and when they get home.
- Morning sign in at the door with program nurse or designated staff member checking Stratum APP for the child or taking the child's temperature before allowing the child into the building proper.
- If a parent needs to enter the building, they must use required OCFS sign-in/sign-out sheets (OCFS-6051 & OCFS-6039) and have their temperature taken whenever in the building.
- Use hand sanitizer when signing children in or out (sanitizer dispensers near all entry doors and other high-traffic areas)
- Remind parents to be on the alert for signs of sickness in children and keep them home when they are sick. Parent will be called to pick up children when the child is showing signs of illness at program.

Stagger arrival and/or dismissal times and/or use of entry doors.

Cobleskill:

- each cohort group enters through a different door (4's -back door; 3's front door)

Delanson:

- each cohort group enters through their classroom door (toddlers, 3's and 4's)

Gloversville:

- Follow GESD requirements. Change arrival and departure times to be different than other programs in the building.

Amsterdam– Bus Drop Off & Pick Up Upper Loop

- TA's/Teachers to be split per Classroom Cohort in the morning: ½ for buses & ½ for parent drop off/pickup and one staff member to remain in classroom
- One nurse at each door (or nurse designee)

Drop Off:

- 1 Bus at a time
- 1 Child at a time
 - Stratum Health App check; OR, temp and symptom check
 - Child goes to classroom with TA or Teacher of his/her Classroom Cohort
 - Staff and child to wash hands
 - If needed staff will return to bus loop

Pick Up:

- Wash children's hands before dismissal
- Wait in classrooms for all buses to arrive before dismissing
- One Classroom Cohort at a time starting with room 6 and moving down to room 1
- Nurse/or nurse designee will call classrooms when it is their turn

Amsterdam Parent Drop Off and Pick Up - Lower Loop

Keep interactions with parents' brief to facilitate entry into building

- TA's/ Teachers to be split per Classroom Cohort in the morning: ½ for buses & ½ for parent drop off/pickup and one staff member to remain in classroom
- Nurse moving car to car (see below)
- TA at door – to let Classroom Cohorts know who needs to step forward and retrieve child

Drop Off:

- One car at a time: Stratum Health App check; OR, temp and symptom check by nurse or nurse designee
- Nurse lets TA at door know name of child – she will let Classroom Cohorts know
- TA/Teacher from Classroom Cohort takes child to use hand sanitizer and to taped off Classroom Cohort area
- Once all kids are accounted for, dismiss one classroom at a time starting with classroom one and moving consecutively to classroom 6
- Children and staff wash hands when entering classroom

Dismissal:

- Staff and children to wash hands before leaving classroom
- Starting at room 13 go to designated taped Classroom Cohort Area when announced.
- 1 car/child @ a time to be brought to parents by that Classroom Cohort Staff

Establish protocols for before- and after-school programs:

- Sign-in and sign-out procedures
- Cleaning and disinfecting procedures
- Use of PPE
- **Maintaining Cohort groups**

Cleaning and Disinfection

Whispering Pines Preschool programs will ensure adherence to hygiene and cleaning and disinfection requirements as advised by the CDC and DOH, including “Guidance for Cleaning and Disinfection of Public and Private Facilities for COVID-19, and the “STOP THE SPREAD” poster, as applicable. Cleaning and disinfection logs (**OCFS-6041**) will be maintained that include the date, time, and scope of cleaning and disinfection. Regular cleaning and disinfection of the facilities will occur, including more frequent cleaning and disinfection for high-risk and frequently touched surfaces. This will include tables, which should be cleaned and disinfected with a Clorox solution between each use. Cleaning and disinfection will be rigorous and ongoing and will occur at least daily, or more frequently as needed.

The program will ensure regular cleaning and disinfection of all restrooms. Restrooms should be cleaned and disinfected twice a day. For more information about how cleaning and disinfection information will be communicated to children, families and staff members, see the *Communication section* of our reopening plan.

Disinfectants must be [products that meet EPA criteria for use against SARS-Cov-2](#), the virus that causes COVID-19, and be appropriate for the surface.

Child Nutrition

Whispering Pines Preschool does not provide meals to children attending our program.

Meals and Snack

For children onsite, snack and lunch will be eaten while maintaining appropriate social distancing between children. Children do not need to wear face coverings when seated and eating so long as they are appropriately socially distanced.

The sharing of food and beverages at snack time and lunch time is prohibited, unless individuals are members of the same household.

Lunch and Snack time in Classrooms

- Our preschool children have always eaten snack and lunch in their classrooms
- Children with allergies have Health Care Plans per OCFS regulations. These plans are reviewed with teachers routinely and include discussions of food allergies, symptoms of allergic reactions to food and other problems that must be monitored during mealtime.
 - https://www.cdc.gov/healthyschools/foodallergies/pdf/13_243135_A_Food_Allergy_Web_508.pdf
- Snack and lunch time preparation and serving are completed by staff members working with their specific cohort groups. Children receive individual servings.

Management of meals and snack time with social distancing:

WPP Procedure for Snacks

- Individual snacks will need to be prepped daily.
- The preparer will need to prep each snack to the exact amounts.
- There will be no doling out second portions or substituting (Except SC room where foods are used to facilitate functional requesting).
- Preparer should be one person from each classroom that preps that room's snacks
- The preparer must have a mask on, wash their hands and glove up properly (no food gloves--they are porous).
- Prep individual plates, bowls, or cups and cover them.
- When finished prepping: remove gloves and wash hands
- When passing out snack, gloves must be on (along with masks).

WPP Procedure for Lunch

- All children will bring "cold" lunches to program
- Lunch boxes will be stored in children's cubbies, which are already spaced per OCFS guidelines.
- Families have been told to send ready to eat lunches for their child (nothing that requires heating or handling by staff) and given a handout indicating the types of things that will be easy for their child to manage independently.
- Staff assigned to the cohort can assist individual children but must use a new set of gloves when helping each additional child. Staff are reminded they may not use food gloves--they are porous
- Disposable plates, bowls, or cups are available for children to use.
- Children should be encouraged to get their own lunch boxes and be seated at tables with 6 feet of social distancing from peers when table shields are not used.

Transportation

NOTE: *Transportation for children with disabilities enrolled in 4410 programs are provided by the county in which the child resides.* Whispering Pines Preschool does not provide transportation but works with county transporters in assuring safety of children getting on and off their busses.

Children who are able, will be encouraged to wear masks and social distance on the bus to the extent practicable; however, children whose physical or mental health would be impaired are not required to wear a face covering, but must be appropriately socially distanced. We will assist in identifying children who may have difficulty wearing a mask on a school bus. We encourage parents and legal guardians to transport children to program whenever possible to reduce density on buses.

Bus protocols for a reported case of Covid -19 on a school bus

Parents of children on that bus will be contacted in collaboration with county transportation supervisor.

*See also WPP **Arrival and Dismissal Procedures** in the Facilities section.*

Budget and Fiscal

1. Internal budgeting has been adjusted and expanded to track and account for COVID-19 related expenses?
2. Tuition reimbursement is our only revenue source for meeting the additional costs of providing services during the COVID-19 emergency
3. Our program will continue to meet existing state reporting requirements for 4410 programs. Additionally, the content of data submissions, such as attendance data, will remain consistent with past practice, except where modified by law, regulation or executive order.

Social Emotional Well-Being

Whispering Pines Preschool's ongoing participation as a Pyramid Model-Cohort 1 implementation site is the foundation on which we have built the comprehensive support for the social emotional well-being provided to children and families in our programs. The Pyramid Model aligns with our philosophy, mission and curriculum and meets program goals to strengthen supports to teachers, children and families. The Pyramid Model strategies are based on evidence-based best practices in early childhood and is also focused on building positive relationships, developing supportive and nurturing environments, teaching social skills, empathy and emotional vocabulary, and providing individualized supports when needed. Social emotional well-being is a core foundation of our classroom programs. Our involvement as a Pyramid cohort provides us with the background, we need to develop a comprehensive and strategic plan to continue to support children and staff for the 2020-2021 school year. This plan will focus specifically on how to best support children and staff in a blended learning model scenario, which includes a mix of both in-person and virtual classroom instruction, as this model is viewed as the most challenging to implement. This plan also includes considerations for staff to be able to rapidly transition between face-to-face/hybrid models to remote learning, which may be required based on the pandemic.

Transitions are challenging times every year. After this prolonged closure, many of our children, families and staff have required social-emotional supports to help them re-engage and re-enter work and program. Because we are a Special Education Preschool, we have been able to begin our transition into 20-21 by resuming limited in person services in a hybrid model while continuing to see some children remotely. We believe this effort this summer 2020 has helped to ease the transition for staff which we anticipate will carry over into fall services.

Our commitment is to create safe spaces both physically and emotionally and provide a supportive and engaging learning environment in which children can participate and grow developmentally as well as emotionally. Our focus is on the whole child and our commitment is to identify children who might be at risk for needing mental health supports and make sure these are in place to the greatest extent possible

Building on the foundation of what we already have Whispering Pines formed a multi-disciplinary Social Emotional Learning (SEL) Curriculum Committee. This committee's goal is to identify SEL areas of need and strengths in organization as well as discuss ways to better support children's and staff SEL. The following are implementation ideas from this committee.

- Sanford Harmony SEL curriculum was chosen by the committee due to the ease of access, affordability and adaptability of the program. Sanford Harmony includes relationship based activities, letters to families with at home activity ideas as well as has an extensive lesson and topic plan. In addition to the formal SEL curriculum (Sanford Harmony), teachers were provided with social stories, lessons plans and activity ideas related to COVID-19 topics to further support children's understanding of COVID-19 and processing emotions that are related to COVID-19.
- **ACE's and Trauma-** Social workers will continue to provide staff training on adverse childhood experiences and trauma as well as best practices to implement in classrooms and agency-wide.
- **Implement Child Morning Check-In-** During daily morning circle teachers will do an emotional check-in. Children will be asked how they are feeling and be provided with a visual to assess child's emotions for the day/time. Allow time for teachers to discuss the meaning of emotions and maybe why a child is having a certain emotion. Teachers can help children come

up with a reason why they are feeling a certain way and to assist in validating emotions as to why as well as strategies to use when feeling negative emotions.

- Optional: Child's name next to various visuals posted up in classroom so that children can change their emotion that they are feeling independently throughout the day as needed. This will provide children with an alternate way to express and communicate their emotions as well as increase their self-awareness and independence.
- **Implement Classroom Cozy/Calm Down Corner-** Social workers, in conjunction with Occupational Therapists, will work with classroom teachers to plan and implement cozy/calm down corners in all classrooms. These areas will serve as a safe space for children to go to when they are managing challenging emotions and/or need extra support regarding social-emotional related topics. The cozy/calm down corners will have visuals, books, social stories, and items related to social-emotional topics and emotional regulation.
- **Implement Teacher/Staff- Check-In Daily Each Day-** Each morning prior to students arriving, each classroom group will spend approximately 5-10 minutes identifying, discussing and supporting each other's various emotional needs. Adults will each identify their challenges/stressors before the day begins in order to most effectively support each student. Adults will coordinate with team a "signal" to use if a brief break or change in staff is needed when working with challenging behaviors/situations children are exhibiting.
 - Self-Care in-service- Social workers are able to provide self-care training and support for staff.
 - SE training for staff members from a multidisciplinary perspective including classroom strategies work for children
- **Continue use of the ASQ:SE** screening with all children at the beginning of the school year and if possible, during orientation prior to children returning to program sites.
- **Supporting Families-** SEL curriculum that includes parent letters about weekly topics as well as activity ideas for parents to complete at home. Social workers are available to provide resources as well as parent counseling as needed related to children transitioning back to program, challenging behaviors and other pertinent topics related to child mental health. On-site social workers are available to provide support to staff as well. Contact information for school social workers will be given to parents, caregivers, teachers and staff. Parents will have access to local community resources to access as needed, including mental health support, food banks, housing assistance, etc. Social workers will continue to assess family's needs and the best way to support them.

We also want to be sure that our staff are equipped to meet the challenges of these times. All Whispering Pines Preschool employees have access to our Employee Assistance Program (EAP) which offers many free services including face-to-face and virtual counseling. Information about all social-emotional supports will be made widely available to the Whispering Pines Preschool community through the Employee Navigator Hub.

School Schedules

Changes to both staff hours and the hours children are on site are anticipated as we shift from a total in person model to a blended hybrid model. These changes are illustrated in the table below. The changes anticipated are demonstrated below. Additional classroom space and classroom staff will be needed to serve all of our children in a traditional in person model and also meet safety and social distancing guidelines. Prior to the COVID-19 emergency, finding professional and paraprofessional staff was very difficult. We anticipate this trend will continue.

In implementing our hybrid model we anticipate limiting staff on site to those who are delivering in person services and having staff who are delivering remote service do these from their homes. Our staff have been doing remote services since January and received training at that time in how best to deliver these. Additional training will be provided during August related to best practices. Within our classrooms we plan to use a cohort model, as described in previous sections of this document. This will allow children to engage more naturally within a classroom group.

In-Person, Remote and Hybrid Learning Models

| Type of Classroom | SCIS-Special Class Integrated Setting | |
|----------------------------------|---|--|
| | Site Locations: Amsterdam; Cobleskill; Delanson; Gloversville UPK Site Locations: Amsterdam; Delanson; Gloversville | |
| | In-Person Education | Blended/Hybrid Learning |
| Number of children per classroom | Per NYSED approval letter ratios (9-12) SPED and per UPK ratios (9-10) | 10 in a cohort group |
| Number of Staff per classroom | 5 (excluding 1 to 1 aide) | 2 with each group (excluding 1 to 1 aide) |
| Number of Days | 5 | 3 - 5 days |
| Length of daily session | 300-330 minutes | 180-330 minutes |
| Remote Learning | None | Group Synchronous and individual asynchronous activities via Zoom and SeeSaw. Packets mailed home weekly |
| Type of Classroom | SC-Special Class | |
| | Site Locations: Amsterdam | |
| | In-Person Education | Blended/Hybrid Learning |
| Number of children per classroom | Per NYSED approval letter - 8-10 children | 6-8 in a cohort group |
| Number of Staff per classroom | 3 (excluding 1 to 1 aide) | 3 (excluding 1 to 1 aide) |
| Number of Days | 5 | 3 - 5 days |
| Length of daily session | 300 minutes | 180-330 minutes |
| Remote Learning | None | Individual Synchronous and asynchronous activities via Zoom and SeeSaw. Packets mailed home weekly |
| Type of Classroom | UPK only | |
| | Site Locations: Amsterdam; Schoharie | |
| | In-Person Education | Blended/Hybrid Learning |

| | | |
|----------------------------------|------------------------|--|
| Number of children per classroom | Per UPK ratios (18-20) | 10 in a cohort group |
| Number of Staff per classroom | 3 | 2 with each group |
| Number of Days | 5 | 3 - 5 days |
| Length of daily session | 300-330 minutes | 180-330 minutes |
| Remote Learning | None | Group Synchronous and individual asynchronous activities via Zoom and SeeSaw. Packets mailed home weekly |
| | | |

| Mode | Pattern of Weekly Remote Learning Activities when Totally Remote | Frequency |
|---|--|--|
| Live sessions with children via Zoom, Google Meet, Skype, etc. Zoom used as a first choice! | 5 live group sessions offered per week. These can be whole class or smaller teacher, or therapist led sessions (individual sessions to meet children's' needs; includes music together; yoga/mindfulness sessions; Sounds in Motion; Handwriting Without tears). Coordinate with therapy sessions whenever possible. Attendance will be taken. | 5 sessions a week (does not include individual therapy session) |
| Seesaw SeeSaw is used for posting Curriculum related activities to be completed at home | Two developmentally appropriate lesson activities per day sent via Seesaw. The lessons sent during the week will include the areas of Math, Literacy/Reading, Science, Art, & Fine/Gross Motor. | 10 lessons per week in the previously stated developmental areas. |
| Packets of Learning Materials sent home | Learning packets should be sent home with materials for children. Check in with families to see what materials are needed to be successful in completing lessons at home so those materials are included in the packets as requested. | Packets of learning activities will cover weekly themes. |
| Communication with Families (e-mail, phone, Remind, etc) Remind is preferred to be used for ongoing teacher-home communication Parent teacher meetings scheduled via Zoom. | Family communication via Remind, e-mail, phone, etc. at least 3 times per week. This could be checking in, sending resource materials for families, etc. (archive Remind weekly and save pdfs) | 3 times per week via Remind, email or phone. |
| Weekly Child Sheets | Weekly child sheets should be completed on each child and sent to the Delanson Office on Fridays. In the notes section keep track of child/family participation. Note all contacts the parent. | Completed sheets retained in child's file. Please make sure each child's form is saved with name and date. |

Many families who participate in our program in Amsterdam have Spanish as their primary language. All program documents are translated into Spanish and one of our office Amsterdam staff is a fluent Spanish language speaker.

For information about how program schedule information will be communicated to children, families and staff members, visit the Communication section of this reopening plan.

Attendance, Attendance Reporting and Chronic Absenteeism

Attendance and Attendance Reporting

All Whispering Pines Preschool programs maintain daily attendance records whether program opens in September in-person, hybrid, or remote. Attendance policies and procedures are communicated with families and children prior to the start of the school year and if the instructional model changes during the year. Teachers will record daily attendance in Enter Claims (our child management system) based on the required daily scheduled child attendance.

Chronic Absenteeism

We recognize that many factors will influence child attendance and may be greatly impacted by the instructional models provided; in-person, hybrid, and remote.

We plan to communicate clearly to families what the attendance expectation is for in person and hybrid/in person as well as the expectations for participating should all instruction need to be remote. Daily attendance is tracked through our Claims/Enter Claims program. Our program nurses regularly monitor attendance data and communicate with parents about issues as they arise.

Technology and Connectivity

Access to technology is essential for the successful roll-out of this plan. Whispering Pines Preschool has been committed to ongoing planning and implementation of program technologies to ensure access for staff and children via their home school programs. The team has initiated plans that are mindful of home access to reliable internet and technology for both staff and children.

Whispering Pines Preschool gathered data in the Spring 2020 and asked teachers and families to identify their level of access to devices and high-speed broadband from their residence. Fewer than 20% of respondents indicated that internet access or technology was an issue, however many respondents replied that they would need to use a smart phone for access. We have found with our age groups that using a smart phone for individual or group synchronous activities is very challenging, as it is for viewing our asynchronous SeeSaw platform. Whispering Pines Preschool will continue to assess the ongoing needs of our families for technology and connectivity via a survey of new and continuing families to be completed in August 2020.

For children and families who did not have internet/technology access packets were mailed each week with weekly follow up phone calls from teachers.

Whispering Pines Preschool maintains an inventory of equipment and other assets and the staff in possession of the equipment.

Whispering Pines Preschool will provide all children with access to learning materials and resources in multiple formats, wherever possible. Further, Whispering Pines Preschool will support teachers through professional development and coaching on pedagogical methods that enable children to participate in multiple ways, so that they can demonstrate mastery of Learning Standards in remote or blended models through the use of both synchronous (Zoom) and asynchronous technologies (SeeSaw). In the event children do not have sufficient access to devices and/or high-speed internet, Whispering Pines Preschool will provide the children with alternate methods to access materials and instruction, i.e. pick up materials at program, drop off materials to children' homes, mail. Whispering Pines Preschool will also schedule opportunities to connect with families to educate them on how to use the technologies and connect to the instructional activities.

Teaching and Learning

To ensure high-quality teaching and learning, a dynamic continuity of learning plan has been developed for the 2020-2021 school year. This plan is designed for teaching and learning in-person, remotely, and through hybrid models of instruction with reviews and surveys built in to assure families a smooth transition between modalities when required. Our plan ensures that instruction is aligned with the New York State Next Gen Learning Standards and assures equity as well as equality for all learners (see Attachment 4 -Continuity of Learning Plan).

Equity is central to all our instructional decisions. All instruction will be designed so that whether it is delivered in-person, remotely, or through a hybrid model, there are clear and accessible learning opportunities for all our children. Our instructional design provides opportunities for regular and substantive contact with qualified teachers and therapists regardless of the delivery method (remote, hybrid, in-person).

General Instructional Program Considerations

- Resurvey families in August 2020 for access to adequate technology/broadband access for remote learning.
- Budget for devices (Chromebooks, iPads) that may need to be procured for loaned use by families who choose to remain virtual in a subsequent closure.
- Evaluate synchronous and asynchronous platforms used for instructional and therapy services during the Spring 2020 school closure period. Identify any new technology needed that is associated with the aforementioned blended-learning models.
- Resurvey families in August 2020 for feedback about the remote instruction and teletherapy from the Spring 2020 school closure period.
- Maintain online/distance learning platforms. Share specifics with families on use (Remind; Seesaw; Zoom).
- For in-person or hybrid services, group children in cohorts. Limit to the highest extent possible children or staff from different groups are in contact with one another.
- Continue development of shared instructional resources (SharePoint; WPP YouTube Channel).
- Reimagine daily classroom schedules to include health and safety routines (ie. Donning/doffing masks, social stories about mask wearing, hand-washing, maintaining a safe distance, etc).
- Plan therapy schedules to limit therapists crossing cohort groups as much as possible and to include push in services whenever possible to minimize travel in the building.
- Develop accommodations for children and families at risk for serious illness from COVID-19.
- Identify professional learning needs for staff and continue to support their development of skills and pedagogy in a virtual learning environment.
- Considering the impact of the school closure in the spring, review IEP goals and objectives and send any necessary changes to the CPSE for discussion.
- Screen all UPK children during scheduled orientation sessions in August following collaborating district check-in for approval (Brigance; Dial; ASQ-SE), with socially distanced measures in place and a notification in writing to families about these expectations.
- Prioritize high needs children for in person classes whenever possible, considering the impact of the COVID-19 closure and any additional services that will now be needed in order for the child to be successful.
 - When a remote or hybrid learning model is necessary, our special education children, children who did not engage successfully in remote learning during the spring of 2020 because of their developmental needs, children who we anticipate will not be able to

engage successfully in remote learning because of their developmental needs and children with technology or connectivity needs will be prioritized for in-person learning to the greatest extent possible.

- To the extent possible, honor requests from parents who may have concerns about their children attending program due to underlying medical conditions of those in their home.
 - Consider whether remote learning opportunities can be utilized or modifying a hybrid model to meet the family's needs.
- If COVID-19 cases develop, restricting access within program a program site and grounds, will be initiated in affected areas to avoid full program closures. Classes where an individual has tested positive for COVID-19 will be moved to a remote/virtual format until all contacts can be identified, notified, tested, and cleared.
- Create a plan for staff members who cannot be at program due to their own high-risk conditions or because of circumstances with their own children's school schedules.

Our teaching and instructional plan will include how safety and health measures are integrated within our classroom routine, with scheduled times for children to interact with each other and with teaching staff for both feedback and support. All our classrooms are led by an appropriately certified teacher regardless of the delivery method (e.g., in person, remote or hybrid). All instruction will continue to be aligned to the New York State Next Gen Learning Standards. We have a clear communication plan for how children and their families/caregivers can contact the program and their child's teachers or therapists with questions about their instructional activities and/or technology. This information will be accessible to all, available in both English and Spanish, widely disseminated, and will include clear and multiple ways for children and families to contact our program and staff (email, SeeSaw, Remind App, and/or by phone) about their child's services.

The program calendar typically includes one staff-only day in September before the school year starts for children. Acknowledging the challenges that our teachers and staff have faced this spring delivering remote instruction under stressful circumstances, Whispering Pines Preschool will focus this in-service day on providing support to staff in the areas of social-emotional health, instructional design and technology integration.

This summer and as we enter the new school year, teachers and therapists will be encouraged to spend time building relationships, supporting children with the transition back to program, and teaching social distancing etiquette at developmentally appropriate levels. Additionally, teachers and therapists have been asked to reimagine how our classrooms will be organized and how that impacts and/or changes classroom roles.

While the goal is to return as many children as possible to in-person instruction, due to the ongoing risk of community transmission of COVID-19 and the requirements for social distancing, a combination of in-person instruction, and a mix of in person and remote learning (hybrid model) will be available as options for all families in our reopening plan. Families who prefer their children remain in remote learning will have that option.

In-person Instruction (see Attachment 4 -Continuity of Learning Plan)

Children who did not engage successfully in remote learning during the spring of 2020 because of their developmental needs, children who we anticipate will not be able to engage successfully in remote learning because of their developmental needs and children with technology or connectivity needs will be prioritized for in-person learning. Remote learning for all may be necessary at various times throughout the 2020-2021 school year. Use of video or teleconferencing both synchronous and asynchronous in lieu of in-person gatherings will be provided.

To maximize in-person instruction, we are evaluating use of alternative spaces for use as classrooms on our program sites to allow for social distancing requirements for in-person instruction. We are also considering adjusting program hours to stagger arrivals and departures to reduce congestion at arrival and dismissal times, and to allow more children to participate in in person services. Upon reopening, the number of children in each of our classrooms will be reduced by 50% to adhere to guidance regarding social distancing. Current staffing levels may be insufficient to accommodate the expanded number of in person classrooms needed to ensure social distancing.

To reduce the exposure among cohort groups, to the extent possible, children will remain in their cohort group throughout the day including when leaving the classroom for outdoor time which we anticipate increasing whenever weather permits. Our programs will minimize the movement of children with children eating lunch in their classrooms. Practices which encourage physical contact will be minimized throughout the day with a focus on other ways to interact, greet and say goodbye. Opportunities for children to interact together at a safe distance will be created throughout the day.

Remote/Hybrid Instruction (see Attachment 4 -Continuity of Learning Plan)

Hybrid: To maximize in-person instruction in our hybrid model, we anticipate adjusting program hours each day, staggering arrival/departure times, and decreasing the number of days each week children will be in school. This will allow a larger number of children to participate in person while still adhering to guidance regarding social distancing. Staffing levels should be sufficient to accommodate classrooms in this model.

Given the possibility that communities may experience spikes in COVID-19 cases at any point during the school year, which may prompt short or long-term school closures, Whispering Pines Preschool has developed a hybrid/blended learning model and schedule that can be shifted to fully remote instruction. In this model, instruction will focus on some “core” learning areas and IEP goals/objectives. When moving to partial or total remote instruction each child has an individual plan used by their teacher and therapist to ensure core academic and IEP goals and objectives are met. Thoughtfully designed hands-on learning activities which are safe and distanced are prioritized while children are onsite in program buildings, with carefully crafted follow up activities to be completed via both synchronous Zoom and asynchronous SeeSaw sessions. All instruction will continue to be aligned to the New York State Learning Standards.

Remote learning should continuously support whole-child success and meaningful learning opportunities, while protecting the health and safety of children, parents, caregivers and staff. Remote learning should be responsive to known equity issues. By definition, remote learning is a continuum of education delivery that can be both online and offline. Some families lack access to digital resources, technology and the internet, which limits the availability of or access to virtual learning. Not all families have the same resources to support their children through the pandemic. Many are dealing with job loss, food insecurity, increased health concerns, multiple children at different learning levels, and other stressors that will affect children’s abilities to learn at home. Families also might be challenged with adults working from home while trying to support children’s’ remote learning needs at home. Remote learning plans must consider and try to accommodate this reality.

To ensure high-quality remote learning experiences, we have standardized the use of our online learning platforms (synchronous Zoom; asynchronous SeeSaw, Remind App for ongoing communication with families) to the extent possible, and have developed a common, coordinated set of guidelines for teachers and therapists to follow when using the platform with children.

Following is a summary of each component of our remote learning continuum:

1. Teacher-child interaction through an online learning platform: This option enables teachers to engage with children frequently and consistently throughout the learning day using an online learning platform (Zoom).
2. Online lessons for children to complete at home with their parent/caregiver (SeeSaw). This option allows teachers to present children with lessons they can complete independently or with the help of an available family member or caregiver outside of an online learning platform.
3. Offline lessons and instructional packets for children: Remote learning plans include thoughtful instructional packets (virtual or paper-based) and appropriate interdisciplinary, exploratory, hands-on activities designed by our teachers and therapists. Distributing instructional packets can be accomplished via parent pick up and mail.

Teachers and therapists need an established communication loop with children and families (Remind APP). Across components 1-3, teachers and therapists should arrange regular check-ins with children—individually, in small, or large groups—to provide ongoing feedback about the learning process and an opportunity for questions.

Screen time during our Hybrid model and Remote model should be balanced with learning that occurs offline and encourages child curiosity and discovery, while completing designed activities or participating in family routines.

Center's

Center time modification to enhance social distancing. One model for Center's we have considered in our larger square foot SCIS classrooms is splitting the room using partitions and have two mixed cohort groups (sped and regular ed) on each side (an A group and a B group) with a certified teacher in charge of the group. We then would have an A side of the room and a B side of the room. On one side of the room would be half of the centers and a morning meeting area (A) and the other side would house the other half of the centers and a morning meeting area(B). In this model the groups would alternate sides every other day. The entire room would be disinfected each day making it safe to switch sides the next day. The same staff would be with the same group.

| | Monday | Tuesday | Wednesday | Thursday | Friday |
|--------------------|---------------|----------------|------------------|-----------------|---------------|
| Room Side A | Group A | Group B | Group A | Group B | Group A |
| Room Side B | Group B | Group A | Group B | Group A | Group B |

Sharing materials:

- Toys in our classrooms will be shared within that cohort group only. All toys will be cleaned and disinfected at the end of each day.
- All children have individual labeled pencil boxes for crayons, pencils, paint brushes, scissors, masks. A separate pencil box is available for mask storage during mask breaks for children.
- When glue is used it is provided in individual containers.
- Materials for projects will be divided and handed out to individual children rather than children getting materials from a common container.
- Hand washing times are scheduled regularly throughout the day as indicated on classroom schedules and per OCFS guidelines.

| Type of Classroom | SCIS-Special Class Integrated Setting | |
|--|---|---|
| | Site Locations: Amsterdam; Cobleskill; Delanson; Gloversville UPK Site Locations: Amsterdam; Delanson; Gloversville; Schoharie | |
| | In-Person Education | Blended/In-Person-Hybrid Learning |
| Number of Children per classroom | Per NYSED approval letter ratios (9-12) SPED and per UPK ratios (9-10) | 10 in a cohort group |
| Number of Staff per classroom | 5 (excluding 1 to 1 aide) | 2 with each group (excluding 1 to 1 aide) |
| Number of Days | 5 | 3 - 5 days |
| Length of daily session | 300-330 minutes | 180-330 minutes |
| Remote Learning-SCIS | | |
| Typical patterns and practices for remote instruction | <p>Seesaw: Seesaw is an interactive learning loop. This is where all of the WPP classroom asynchronous learning activities will be physically based for families – it provides each child a digital portfolio and interactive learning opportunities.</p> <p>Remind: Remind is a closed-loop communication system that is designed for families to receive specific direct communication about their child and vice-versa. The classroom leader(s) is/are also able to send whole-class announcements.</p> <p>Zoom for Business: The agency subscribes to Zoom for use in individual therapy and classroom group services with our children.</p> | |
| Describe balance between screen time and authentic learning experiences during remote learning periods | <p><i>Screen time for the purposes of hybrid or remote learning are times in which the child is watching the screen with minimal active participating and synchronous interactions. Individual sessions in which the parent is acting as a coach for a teacher or therapist and there is active participating and interaction with the child is not included in our view of screen time limitations for preschool children. Screen time should follow AAP guidelines.</i></p> | |
| Best practices which inform/facilitate high-quality remote instruction | <p>Focus on content and integrate interesting science or craft projects to teach concepts. Integrate topics of current interest into the lessons. Make sure families have the needed materials.</p> <p>Use simple, clear directions and expectations -try to build routine into synchronous activities and don't overload on asynchronous activities. More is not always better.</p> <p>Dole out new information in brief doses. Research indicates engagement drops when videos last longer than nine to twelve minutes. Provide segments of 15 or 20 minutes when providing new information. Use these short sessions and return to these the next session to boost learning.</p> <p>Make online learning as interactive as possible. Children need opportunities to actively process information being presented. Read a book and ask the child to find things on a page or imitate an action or draw a picture.</p> | |
| Describe how families will be engaged in the teaching and learning process | <p>Get children and families into the habit of participating. Look at ways to motivate children and families to participate by making both goals and expectations clear-be specific.</p> <p>Connect new content and ideas to concrete examples in the child's and family's routine.</p> <p>Balance synchronous and asynchronous learning. Synchronous lessons should be delivered either to a group or an individual child based on needs. Find ways to make asynchronous sessions enticing and manageable for parents.</p> | |

| | | |
|--|---|--------------------------------|
| Ways families can stay in contact with teachers related service providers | <p>Remind: Remind is a closed-loop communication system that is designed for families to receive specific direct communication about their child and vice-versa. The classroom leader(s) is/are also able to send whole-class announcements. Our program site nurses also use Remind to keep families informed during this COVID pandemic time period. Therapists stay inContact with families via email or txt.</p> <p>Virtual Open House, Orientation and site community meetings with parents/caregivers via Zoom.</p> | |
| Type of Classroom | SC-Special Class Site Locations: Amsterdam | |
| | In-Person Education | Blended/Hybrid Learning |
| Number of Children per classroom | Per NYSED approval letter | 6-8 in a cohort group |
| Number of Staff per classroom | 3 (excluding 1 to 1 aide) | 3 (excluding 1 to 1 aide) |
| Number of Days | 5 | 3 - 5 days |
| Length of daily session | 300 minutes | 180-330 minutes |
| | Remote Learning-SC | |
| Typical patterns and practices for remote instruction | <p>Seesaw: Seesaw is an interactive learning loop. This is where all of the WPP classroom asynchronous learning activities will be physically based for families – it provides each child a digital portfolio and interactive learning opportunities.</p> <p>Remind: Remind is a closed-loop communication system that is designed for families to receive specific direct communication about their child and vice-versa. The classroom leader(s) is/are also able to send whole-class announcements.</p> <p>Zoom for Business: The agency subscribes to Zoom for use in individual classroom services with our children in Special classes. We have found that individual sessions with these children are more effective than group sessions.</p> | |
| Describe balance between screen time and authentic learning experiences during remote learning periods | <p><i>Screen time for the purposes of hybrid or remote learning are times in which the child is watching the screen with minimal active participating and synchronous interactions. Individual sessions in which the parent is acting as a coach for a teacher or therapist and there is active participating and interaction with the child is not included in our view of screen time limitations for preschool children. Screen time should follow AAP guidelines.</i></p> | |
| Best practices which inform/facilitate high-quality remote instruction | <p>Focus on content and integrate interesting science or craft projects to teach concepts. Make sure families have the needed materials.</p> <p>Use simple, clear directions and expectations -try to build routine into synchronous activities and don't overload on asynchronous activities. More is not always better.</p> <p>Dole out new information in brief doses to individual students. Work with the family in a coaching model and problems solving how to incorporate strategies into daily routines.</p> <p>Make online learning as interactive as possible. Children need opportunities to actively process information and link this to things in their home environment.</p> | |
| Describe how families will be engaged in the teaching and learning process | <p>Get children and families into the habit of participating. Look at ways to motivate children and families to participate by making both goals and expectations clear-be specific.</p> <p>Connect new content and ideas to concrete examples in the child's and family's routine.</p> | |

| | |
|--|---|
| | <p>Balance synchronous and asynchronous learning. Synchronous lessons should be delivered either to a group or an individual child based on needs. Find ways to make asynchronous sessions enticing and manageable for parents.</p> |
| <p>Ways families can stay in contact with teachers related service providers</p> | <p><u>Remind</u>: Remind is a closed-loop communication system that is designed for families to receive specific direct communication about their child and vice-versa. The classroom leader(s) is/are also able to send whole-class announcements. Our program site nurses also use Remind to keep families informed during this COVID pandemic time period. Therapists stay inContact with families via email or txt.</p> <p><u>Virtual Open House, Orientation and site community meetings</u> with parents/caregivers via Zoom.</p> |

For information on program schedules, visit the “School Schedules” section of our reopening plan.

For information about how in-person instruction information will be communicated to children and families, see the “Communication/Family” and “Community Engagement” section of our reopening plan.

Career and Technical Education

NOTE: CTE does not specifically apply to 4410 programs except for the basic Learning Standards which can be achieved in remote, blended or in-person preschool instructional models.

Athletics and Extra Curricular Activities

NOTE: Athletics and extra-curricular activities are generally not part of any 4410 program

Special Education

Whispering Pines Preschool's reopening plan provides a framework to ensure that all children with disabilities continue to have a Free and Appropriate Public Education (FAPE) provided to them that emphasizes special education and related services designed to meet their unique needs in the least restrictive environment (LRE). In consideration of the health, safety, and well-being of children, families, and staff, our plan is designed to enable fluid transitioning between in-person, remote, and hybrid learning environments to ensure the provision of FAPE is consistent with the changing health and safety conditions that exist related to the COVID-19 pandemic.

Special education programs and services of the Whispering Pines Preschool provide equity and access for preschool children with disabilities to be involved in and to participate and progress in instruction and therapy services with access to the necessary accommodations, modifications, supplementary aids, and technology (including assistive technology) to meet the unique needs of each child. Not all formats allow for maximum benefit to children, so each child's individual needs will be a primary consideration. Whispering Pines Preschool will document the programs and services offered and provided to children with disabilities.

Whispering Pines Preschool collaborates with the Committees on Preschool Special Education (CPSE) to ensure there is an understanding of the provision of services consistent with the recommendations on Individualized Education Plans (IEPs), for monitoring and communicating child progress, and for the agency's commitment to sharing resources.

Whispering Pines Preschool maintains records to document the implementation of each IEP. The documentation will include, but will not be limited to: narrative records of how the child is adjusting to in person, hybrid, and remote instruction during 2020-21, a record of what instruction and services were provided, a record of formative, summative, and standardized assessments and their results, progress monitoring documentation, a record of program-family collaboration, and a record of any the compensatory services recommended or provided. All children have an individualized hybrid or remote learning plan indicating how IEP goals/objectives for special education and related services are being met via synchronous and asynchronous platforms.

Whispering Pines Preschool is committed to providing meaningful parent engagement in the parent's preferred language or mode of communication regarding the provision of services to his/her child to meet the requirements of the IDEA. Further, we maintain regular communication with the parents/guardians and other approved family members to ensure that they are engaged in their children's education.

For information about meaningful parent engagement see the Communication/Family and Community Engagement section of our reopening plan.

For information curriculum and learning see the Teaching and Learning section of our reopening plan.

Bilingual Education and World Languages: Considerations and Best Practices

Our program policies align with the [Blueprint for ELL/MLL Success](#) to ensure teacher support, adopt progress monitoring tools to measure ELL proficiency (Spanish), provide social-emotional learning supports to ELLs in their home language, and continue utilizing technology in ELL instruction with preschool children.

Staffing

Teacher and Staff Evaluation System

All teachers, therapists and supervisors will continue to be evaluated pursuant to Whispering Pines Preschool approved staff evaluation plan.

Certification and Substitute Teaching

All teachers will hold valid and appropriate certificates for their teaching assignment, except where otherwise allowable under the Commissioner's regulations or education law. Teaching substitutes are generally maintained as full or part time staff because of the difficulty in assuring the paperwork for OCFS is met for all staff on site.

Student Teachers

Student teachers from NYSED registered college or university programs can serve under the supervision of fully certified teachers in Whispering Pines Preschool. Student teachers will follow all of the social distancing, mask wearing, health status reporting, and other COVID-19 procedures that the teachers follow. Student teachers will serve under the supervision of our full time certified teachers only. At no time will a student teacher be used as a teacher of record.

Staffing Considerations

- Additional staff are needed to carry out program operations including cleaning and disinfecting.
- Inform staff about mental health resources (EAP; Social Workers).
- Plan to protect the safety and well-being of all staff, including those who are considered vulnerable. Decide which staff members may conduct their job responsibilities from home.
- List necessary training on updated protocols, policies and guidelines and create certificates related to training.
- Evaluate PPE resources currently available and update supplies.
- Create a return-to-work protocol after quarantine and share protocol with staff (see page 18). Adjust as necessary in accordance with federal, state and local guidance.
- Employees are required to perform daily self-screening at home with the Stratum APP before arriving to work daily. Temperature check will be required before entry into the buildings if screening is not completed.
- Attendance policy for staff members has been reviewed.
- Monitor staff absenteeism and have on site subs.
- Make all staff aware of the WPP staff person in the agency (and how to best contact them) responsible for responding to COVID-19 concerns- Naomi Shaffer and covid19@wppkids.com.

References

- July 16, 2020: [State Education Department Issues Guidance to Reopen New York State Schools](#)
- July 13, 2020: [State Education Department Presents Framework of Guidance to Reopen New York State Schools](#)
- July 13, 2020: [Interim Guidance for In-Person Instruction at Pre-K to Grade 12 Schools During the COVID-19 Public Health Emergency, NYS Department of Health](#)

Additional References

- June 26, 2020: [Interim Guidance for Office-Based Work during the COVID-19 Public Health Emergency.](#)
- [New York State Department of Health Novel Coronavirus \(COVID-19\)](#)
- [New York State Education Department Coronavirus \(COVID-19\)](#)
- [Centers for Disease Control and Prevention Coronavirus \(COVID-19\)](#)

Risk factors and protective behaviors (i.e., cough etiquette and care of PPE).

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

Proper hand washing: proper hand hygiene. Promote frequent and thorough hand washing by providing employees, the school community, and visitors with a place to wash their hands. If soap and running water are not immediately available, provide alcohol-based hand rubs containing at least 60% ethanol or 70% isopropyl alcohol. Provide training on proper handwashing and hand sanitizer use

<https://www.cdc.gov/handwashing/when-how-handwashing.html>

Hand washing video

<https://www.youtube.com/watch?v=d914EnpU4Fo>

Proper cough and sneeze etiquette

Physical (social) distancing

- Provide training for faculty/staff on how to address close contact interactions with children as part of every day job tasks.
<https://www.cdc.gov/coronavirus/2019-ncov/prevent-getting-sick/social-distancing.html>

Operating procedures (various by building)

- Entrance into the building
- Cleaning procedures
- Sick child pick up
- Staff who are sick or suspected to be sick

<https://www.cdc.gov/coronavirus/2019-ncov/if-you-are-sick/steps-when-sick.html>

Proper cleaning techniques

○ Cleaning and disinfecting

<https://www.cdc.gov/coronavirus/2019-ncov/community/clean-disinfect/index.html>

Reopening Guidance for Cleaning and Disinfecting Public Spaces, Workplaces, Businesses, Schools, and Homes

<https://www.cdc.gov/coronavirus/2019-ncov/community/reopen-guidance.html>

https://www.cdc.gov/coronavirus/2019ncov/community/pdf/Reopening_America_Guidance.pdf

Hazard Communication – Right-To-Know

- Proper use of chemicals and Safety Data sheets

<https://www.osha.gov/dsg/hazcom/>

- No chemicals from home
- Transfer of hand sanitizer in smaller containers
- List N: Disinfectants for Use Against SARS-CoV-2 (COVID-19)

<https://www.epa.gov/pesticide-registration/list-n-disinfectants-use-against-sars-cov-2-covid-19>

Exposure Control Plan – with a focus on Pandemic/COVID-19 Personal Protective Equipment - PPE

- Update Hazard Assessment and PPE Selection Worksheet for all identified
- employees
- Proper type, use, and size
- Cleaning and sanitizing of the face covering (if applicable)
- Provide training for staff and children on wearing, putting on, removing and
- discarding PPE, including in the context of their current and potential duties

<https://www.cdc.gov/coronavirus/2019-ncov/prevent-getting-sick/diy-cloth-face-coverings.html>

Use of face coverings (donning/doffing) (cloth vs. surgical)

Face coverings don/doff video

<https://www.youtube.com/watch?v=PQxOc13DxvQ>

Respirator Protection (N95 - required for identified employees per NYS)

Inclusive into your existing Respirator Protection Program or can be a separate Respirator Protection Program for medical staff only

Training provided for identified personnel only

<https://oshareview.com/2020/04/osha-requirements-for-occupational-use-of-n95-respirators-inhealthcare/>

Signs and Messages

Signs are posted in highly visible locations (e.g., school entrances, restrooms) that promote everyday protective measures and describe how to stop the Spread of germs (such as by properly washing hands and properly wearing a cloth face cover).

When Children Eat in Classrooms

- Staff are trained on food allergies, including symptoms of allergic reactions to food.
- Staff are trained on any meal service-related activities they will be responsible for.

https://www.cdc.gov/healthyschools/foodallergies/pdf/13_243135_A_Food_Allergy_Web_508.pdf