The Y.M. & Y.W.H.A. of Williamsburg, Inc. has developed these Pandemic Policies and Procedures under the guidance and direction of the program administration, NYC Department of Health and Mental Hygiene, federal, state and local governmental agencies. To ensure the safety of children, families and staff, the center will monitor the situation and take into account the guidance and suggestions from the authorities.

Changes When Program is Reopening

When the program reopens, all required protocols mandated by the NYC Department of Health and Mental Hygiene, NYC Department of Education and federal, state and local governmental agencies will be implemented.

Some examples of practices that may be implemented are:

- Enhanced health screenings and temperature checks upon arrival.
- Stricter child exclusions for signs of illness: Refer to Health Policy.
- Limitation of family members in the building: Rest assured, you will always have access to your children, but in an effort to reduce the number of people coming into the building we have amended our drop off/pick up policy, see below. Please note, if you do enter the building, you will be required to follow our health screening procedures, must wear a mask and follow physical distancing guidelines.
- Elimination of non-essential visitors into our building.

COVID-19 Policy

The highest priority of the Y.M. & Y.W.H.A. of Williamsburg, Inc. is the health and well-being of our families and staff. In the interest of limiting the opportunity for transmission to our community, we are taking the following precautionary measures:

- Upon reopening the program, all staff members must submit proof of a negative COVID-19 test taken within the week.
- Your household must remain out of the center if any member of your household has (or has been in close contact with anyone who has:
 - a) A suspected or confirmed case of COVID-19 (for example close contact at school, work, religious service, social gathering); **or**
 - b) Traveled: internationally or domestically from any area which is the subject of travel restrictions under applicable state and local guidance.
- 10 days after the last potential exposure, your household may return **provided the following** things have happened"
 - a) At least 10 days have passed since any household member first experienced symptoms; **and**
 - b) Symptoms have improved for any household member that experienced symptoms (for example, cough or shortness of breath has improved); **and**

- c) The household has been fever-free for at least 72 hours without the use of fever-reducing medicines. **or**
- d) A negative COVID-19 test.
- Please note, depending on the circumstances we may require you to obtain medical clearance before return to the center will be allowed.

HOUSEHOLD MEMBERS: include individuals who may not live in the household but may be staying there or are otherwise present in the household on a regular basis (e.g. nannies, caregivers, home health workers, contractors, etc.) and includes anyone with pick up or drop off privileges at the center.

CLOSE CONTACT: is defined by the CDC as (1) being within approximately 6 feet (2 meters) of a COVID-19 case for a prolonged period of time and can occur while caring for, living with, visiting, or sharing a health care waiting area or room with a COVID-19 case, or (2) having direct contact with infectious secretions of a COVID-19 case (e.g., being coughed on). Considerations when assessing close contact include the duration of exposure and the clinical symptoms of the person with COVID-19.

FOR MEDICAL PROFESSIONALS: If contact occurs while wearing recommended personal protective equipment or PPE (e.g., gowns, gloves, NIOSH-certified disposable N95 respirator, eye protection), that contact will NOT be considered close contact for purposes of this policy.

Health Check and Illness Policy

All Y.M. & Y.W.H.A. of Williamsburg, Inc. Head Start staff, families, children and their household members must conduct a daily health check before coming into the center. You will have to complete a Daily Health Screening at home prior to coming into the center. Upon arrival to the center, a Health Check will be conducted and temperature will be taken.

Should you or any household member have any of the following symptoms, we ask you to remain out that day and notify the center.

- Fever of 100 F or higher, now or in the preceding 72 hours; with or without fever reducing medication.
- Cough
- Sore Throat
- Muscle Aches
- Difficulty Breathing
- New Loss of Taste or Smell

Consistent with our COVID-19 Policy, the household will be required to remain out of the center for 10 days unless medical clearance is provided by a physician indicating that the presenting symptoms are associated with a known non-COVID-19 illness. The note must not be from a family member.

Exclusion from the center is sometimes necessary to reduce the transmission of illness. For your child's comfort, and to reduce the risk of contagion, we ask that children be picked up within 1.0 hour of notification. Until then, your child will be kept comfortable and will continue to be observed for symptoms.

Drop Off and Pick Up Policies and Procedures

To ensure the health and safety of all children and staff during drop off and pick up, the following safety measures must be followed:

- Parents are required to drop off their child at the designated time and area outside the school building.
- Parents are required to wear a face covering during drop-off and pick-up.
- Parents are required to maintain 3 feet distance from other parents/families and follow the markers on the floor.
- Staff will check in the children at the health and wellness station in the entryway, one child at a time to allow for physical distancing. Parents must present proof of completed at hom Daily Health Screening. Staff will use touchless thermometer to take the temperature of the child. Forehead temperature of the child must be less than 100°F/38°C to be admitted into the school.
- Parent's visits should be as brief as possible, and parents are discouraged to enter the facility. If possible, the same parent should drop off and pick up the child every day. if a child is having difficulty with transitioning to school, those parents will be let in on a case by case basis. Appointments will be necessary to meet with school staff in the building.
- Parents should wash their own hands and assist in washing the hands of their children before drop-off, prior to coming for pick up, and when they get home.
- Hand sanitizers will be out of the reach of children, but near all entry doors, classrooms, and other high traffic areas.

Unplanned Center Closures

The Y.M. & Y.W.H.A. of Williamsburg, Inc. may need to close the center due to circumstances beyond control and without much warning. These circumstances include but are not limited to the citywide coronavirus shutdown or if there is an exposure within our school community. During these situations, we must strive to provide a continuity of care and support our children and families as creatively as possible to ensure their needs are being met.

Remote Learning Opportunities During Closure

During center closures, the Y.M. & Y.W.H.A. of Williamsburg, Inc. will continue to provide services to children and families remotely.

- Teachers and Family Advocates will maintain ongoing communication with families and children.
- Online platforms (such as Zoom, Google Hangouts, WebEx, ClassDojo) will be utilized for activities, sing along and story time; individually and in group settings.
- Phone calls, emails and newsletters will be sent regularly from teachers, family advocates and administrators.

Cleaning/ Disinfecting Policy

Reducing the risk of exposure to coronavirus by cleaning and disinfection of our center is an integral part of ensuring the health and safety of our children and staff

- Frequently touched surfaces (e.g., playground equipment, door handles, sink handles) within the school and on school buses will be cleaned and disinfected at least daily or between use as much as possible. Use of shared objects between classes (e.g., gym or physical education equipment, smart boards, toys, games) will be limited when possible, or cleaned between use. Toys and everyday used items will be sanitized daily using the ZONO Sanitizing Cabinet.
- Cleaning checklists and logs for all areas will be completed by maintenance staff daily and monitored by the program director.
- Cleaning products will not be used near children, and staff should ensure that there is adequate ventilation when using these products to prevent inhalation of toxic fumes.
- Ventilation systems and circulation of outdoor air, for example by opening windows and doors will be used when possible to decrease the spread of germs.

Guides

• Physical guides, such as tape on floors or sidewalks and signs on walls, will be used to ensure that staff, children and parents remain at least 3 feet apart in lines and at other times.

Hand Hygiene and Respiratory Etiquette

- All children will be taught proper handwashing procedure with soap and water for at least 20 seconds. Staff will monitor and reinforce to ensure adherence among students.
- If soap and water are not readily available, hand sanitizer that contains at least 60% alcohol can be used.
- Signage will be posted throughout the building in highly visible locations to promote
 everyday protective measures and describe how to stop the spread_of germs (such as proper
 hand washing)

- Staff and students will be encouraged to cover coughs and sneezes with a tissue. Used tissues should be thrown in the trash and hands washed immediately with soap and water for at least 20 seconds.
- Key Times to Wash Hands when you are likely to get and spread germs:
 - Before, during, and after preparing food
 - Before eating food
 - Before and after caring for someone at home who is sick with vomiting or diarrhea
 - Before and after treating a cut or wound
 - After using the toilet
 - After changing diapers or cleaning up a child who has used the toilet
 - After blowing your nose, coughing, or sneezing
 - After touching an animal, animal feed, or animal waste
 - After handling pet food or pet treats
 - After touching garbage

Mental Health and Well-Being

Mental health effects during a global pandemic are very important to monitor, especially in children. Although it has been estimated that youth have the lowest mortality rates from COVID-19, they are not immune to its consequences. Many people across the nation are dealing with sudden changes to their social lives and daily routines, the inability to access education, food insecurity, and some may even experience unsafe (emotional or physical) home environments. These challenges can present feelings of sadness, despair, anxiety and stress. Fear and anxiety about this new disease and returning to school and the workplace can be overwhelming.

Our Mental Health Consultant will be available for all staff and parents to help cope with these strong emotions and stress to ensure wellbeing within in our workplace and community.

NEW YORK STATE OFFICE OF CHILDREN AND FAMILY SERVICES

CLEANING AND DISINFECTING LOG

Program Name:		Facility ID Number:	
Week of: / / - / /	Form Completed by:		

Instructions:

- This form is to be completed daily.
- Cleaning and disinfecting must be performed in accordance with all 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.

Area Being C	eaned:						
☐ Classroom	□ĸ	itchen	☐ Common Ar	eas 🔲 F	ligh Risk Areas	Vehicle	1
☐ Playroom/G	Sym 🗌 N	apping Areas	Bathroom		Outdoor Areas	☐ Other	
	Monday	Tuesday	Wednesday	Thursday	Friday	Saturday	Sunday
Floors	Time(s):	Time(s):	Time(s):	Time(s):	Time(s):	Time(s):	Time(s):
Sink/faucets	Time(s):	Time(s):	Time(s):	Time(s):	Time(s):	Time(s):	Time(s):
Counter tops	Time(s):	Time(s):	Time(s):	Time(s):	Time(s):	Time(s):	Time(s):
Table/chairs	Time(s):	Time(s):	Time(s):	Time(s):	Time(s):	Time(s):	Time(s):
Door handles	Time(s):	Time(s):	Time(s):	Time(s):	Time(s):	Time(s):	Time(s):
Equipment	Time(s):	Time(s):	Time(s):	Time(s):	Time(s):	Time(s):	Time(s):
Light switches	Time(s):	Time(s):	Time(s):	Time(s):	Time(s):	Time(s):	Time(s):
Furnishings	Time(s):	Time(s):	Time(s):	Time(s):	Time(s):	Time(s):	Time(s):
Toys	Time(s):	Time(s):	Time(s):	Time(s):	Time(s):	Time(s):	Time(s):
Strollers	Time(s):	Time(s):	Time(s):	Time(s):	Time(s):	Time(s):	Time(s):
Sign in Areas	Time(s):	Time(s):	Time(s):	Time(s):	Time(s):	Time(s):	Time(s):
Outdoor Play Equipment	Time(s):	Time(s):	Time(s):	Time(s):	Time(s):	Time(s):	Time(s):
Hygiene/Hand Sanitizer Dispensers	Time(s):	Time(s):	Time(s):	Time(s):	Time(s):	Time(s):	Time(s):
Other	Time(s):	Time(s):	Time(s):	Time(s):	Time(s):	Time(s):	Time(s):
Other	Time(s):	Time(s):	Time(s):	Time(s):	Time(s):	Time(s):	Time(s):
Other	Time(s):	Time(s):	Time(s):	Time(s):	Time(s):	Time(s):	Time(s):

COVID-19 Daily Staff Self-Checklist

Review this COVID-19 Daily Checklist each day before reporting to work. **If you reply YES to any of the questions below, STAY HOME and contact your supervisor.** If you start feeling sick during your shift, contact your supervisor immediately.

		past 14 days) from states with as.health.ny.gov/covid-19-travel-	
Yes	□ No	State	
Do you have a fever (te	emperature over 100°F)) without having taken any fever	reducing medications?
Have you experienced	any of the following sy	mptoms?	
Muscle aches? Yes No	Sore throat? Yes No	Shortness of breathe Yes No	Loss of smell or taste? Yes No
Cough? Yes No	Headache? Yes No	Chills? Yes No	U No
Have you experienced appetite? Yes No	any gastrointestinal sy	mptoms such as nausea/ vomitin	g, diarrhea, loss of
Have you, or anyone you		contact with been diagnosed with	n COVID-19, or
☐ Yes ☐ No			
Have you tested position Yes No	ve for COVID-19 in the	past 14 days?	
Have you had any sym breath breathing, etc.) Yes No	ptoms of COVID-19 in	the past 14 days? (flushed skin, b	reathing difficulty, rapid

NEW YORK STATE OFFICE OF CHILDREN AND FAMILY SERVICES

CHILD CARE PROGRAM TRACKER CHILD DAY CARE PROGRAMS

Program Name	License/Registration Numb	er:
Address:		

For the duration of the COVID-19 pandemic, this form is being utilized to record any employee, visitor, parent/guardian, or individual who enters this child care program.

Date	Printed Name	Phone Number	Purpose of Visit	Daily COVID-19 Screening	Time of Arrival	Time of Departure
1 1		()		Yes No	□ AM □ PM	□ AM □ PM
1 1		()		☐ Yes ☐ No	□ AM □ PM	□ AM □ PM
1 1		()		☐ Yes ☐ No	□ AM □ PM	□ AM □ PM
1 1		()		☐ Yes ☐ No	□ AM □ PM	□ AM □ PM
1 1		()		☐ Yes ☐ No	□ AM □ PM	□ AM □ PM
1 1		()		☐ Yes ☐ No	□ AM □ PM	□ AM □ PM
1 1		()		☐ Yes ☐ No	□ AM □ PM	□ AM □ PM
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1 1		()		☐ Yes ☐ No	□ AM □ PM	□ AM □ PM
1 1		()		☐ Yes ☐ No	□ AM □ PM	□ AM



Protect yourself from COVID-19 and stop the spread of germs.



Wash your hands thoroughly with soap and water for at least 20 seconds, especially before eating.



Avoid close contact with people who are sick and stay home if you are sick.



Avoid touching your eyes, nose, and mouth.



Stay home as much as possible. **Everyone** – even young people and those who feel well.



If you must go out, **stay at least 6 feet away** from others.



You must wear a face mask or face covering in public when social distancing (staying 6 feet apart) is not possible, especially on public transport, in stores and on crowded sidewalks.



Cover your cough or sneeze with a tissue, then throw the tissue in the trash.



Clean and disinfect frequently touched objects and surfaces.

Stay Home. Stay Safe. Save Lives. www.ny.gov/coronavirus



Infectious Dis	sease/ COVID-19 Health Policy
ne to our center every day. We will not ed on the DOH Interim Guidelines for	ensure the health and safety of the children and staff that be successful without your help! Our new guidelines are Child Care Centers with consultation from our Health Care se practices are subject to change as needed.
are asking each of our families to ackr st be returned before your child can retu	nowledge and agree to the following procedures. This form urn to our program.
Child's Name:	DOB:
Child's Name:	DOB:
Child's Name:	DOB:
I,	
Parent/ Guardian	Relationship to children listed above
medication. • Fever over 100.0 • Excessive dry cough • Shortness of breath • Lethargic, overly tired, unu • Mild respiratory illness/ iss If my child experiences any of the abo	
myself, or a person I have designated	as an emergency pick up, will arrive within one hour.
Administration may request a physicia	
	y child, or any family member, tests positive for take necessary mandated steps. Your child's
our policies or failure to disclose (en, families and staff members, failure to abide by COVID-19 exposure or positive test of your child or ediate termination from this program.
I certify and acknowledge that I have agree to the terms listed above.	read and understand the COVID-19 Health Policy and
Signature:	Date:
Print Name:	
Director Signature:	Date:
Updated June, 2020	