Family & Employee COVID-19 Handbook

Updated Policies and Procedures (update 9/30/20)

In response to the current Covid-19 crisis temporary adjustments to our policies and procedures must be made with regards to the course of our school day so that we may continue to care for and educate the children in our program safely and with intention. Recommendations from the CDC, SED, OCFS, State and County Department of Health were considered in depth to provide the foundation for this evolving plan.

As guidance changes, updates will be made to these policies as necessary and as circumstances may dictate. As a staff member, you will be informed via email and provided in person training, as necessary. We will notify families via REMIND Application or email, in addition to website posting and /or written updates mailed or sent home via child backpacks.

Our COVID-19 policies must be read and acknowledged by your signature, whether employee or parent. Our goal is to insure that only well children and staff will be attending our schools during this time, towards our ongoing effort to avoid potential exposure and transmission and insure health and safety.

Our Policy and Procedure practices, inclusive of those in this updated Employee/Family Handbook addendum, will include:

-signage and environmental modifications (e.g., wellness screens, social distancing) throughout our buildings, as well as staff training prior to our schools reopening on necessary health, safety and hygiene practices (masks, increased hand hygiene), signs and facts of COVID-19, to reduce risk of COVID-19 infection/transmission.

-restriction of non-essential visitors to our schools and designation of one point of entry for mandatory screening and temperature taking, for all staff and children prior to school entry

-closing of, modification or limited access to communal/high touch areas (elevator, kitchens, playgrounds, use of multipurpose room, media/sensory rooms, vending/coffee machines)

-changes to classroom environment and routines, materials storage and usage, and our daily cleaning and disinfecting processes.

-attention to increased circulation of outdoor air where possible, and updates to our ventilation system to insure its safe and hygienic operation

-increase in the education of when to stay home or keep a child at home, monitoring of staff absences, and necessary follow up with staff, family/child report of illness and symptoms that may be COVID-19 related by our school nursing staff

-designation of our Assistant Principals, Robin Stevens at Kramer, stevensr@acld.org, 631-665-1900 and Linda Eisen at Spiegel eisenl@acld.org, 631-647-9577 as site safety monitors, responsible for responding to your COVID-19 related concerns and continuous compliance with all aspects of the site safety plan, designed to insure the health and safety of our staff and children.

Please note that these updated policies necessitated by the COVID-19 Pandemic supplement all Medical and Program Guidelines included in our School Handbooks.

Employee Related COVID-19 Procedures:

-The COVID-19 Exposure questions and related travel to NYS restricted states will be asked of all staff reporting to work within the school buildings, effective 9/8/20. Staff is recommended to survey their own health and temperature each workday, particularly for signs and symptoms of COVID-19, to insure that they are well enough to report to work.

-Staff temperature checks and COVID question responses are recorded upon entry to the buildings each day. Office personnel will 'sign in' each staff member upon arrival and departure. Should a staff temperature register 100 degrees or more, they would not be permitted entry to the school buildings.

-Face masks are required to be worn at all times by adults. It is recognized that children's developmental age and disability will not allow for the wearing of facemasks.

-Long sleeve smocks and/or pocketed aprons will be provided to wear over clothing. It is recommended that long hair be pulled up over the collar and that you keep a change of clothes at work. If child secretions are deposited on your person, you are advised to wash all areas that may have been touched with soap and water. A change of smock will be provided to you. You are advised to place soiled clothing in a plastic bag for laundering, either at home or on premises within the KLC building.

-Maintain social distance of at least 6 feet between yourself, other staff and family members, when possible. It is acknowledged that this will not always be possible within a classroom environment, with exception to snack/lunch routines, as 6ft of distance must be maintained while children are eating.

-Visual designations and signage will provided throughout the school buildings to bring awareness/education to expected social distancing and hygiene practices to be followed.

-Time clocks will be used by all non-exempt staff to clock in and out each workday.

-Claims log notes and attendance will continue to provide documentation of all IEP mandated services.

-Insure that materials provided to the child and workspaces are disinfected prior to, and between each therapy session/class routine. Disinfecting wipes (bleach or alcohol based), an EPA approved cleaner, and/or approved bleach solution(s) will be provided and used.

-Shared materials will be limited, restricted to within each stable class grouping or 'cohort', and only to items that can be disinfected after each use. Materials will be divided and designated for individual child use.

-Clinical staff will be providing services to more than one fixed classroom cohort, assuring use of recommended PPE (masks, face shields, smocks, hygiene practices) when going to and from each classroom, and maintaining social distance, as well as enhanced cleaning and disinfection of shared equipment within the OT/PT Motor room.

-Airflow within the workspaces should be increased as much as safety allows, by opening of windows or patio doors.

-Prior to the start of the school day or therapy session, staff will wash their hand and those of the child with soap and water for at least 20 seconds. If soap and water are not immediately available, an alcohol-based sanitizer containing at least 60% alcohol may be used. You will be provided this product, which may be used on children's hands as well.

-Child handwashing should be done on arrival, between activities, before/after transitions, on use of bathroom or diaper changing and prior to dismissal

-Staff handwashing should be done on arrival, between activities/sessions, on transitions, when changing or accompanying a child to the bathroom, in addition to before and after personal care and/or eating of food

-Materials and toys brought from children or staff homes are prohibited

-Staff belongings and any food items are to be stored out of child reach and in a thermal bag. Refrigerators may not be used at this time to store staff lunches. Individual cartons of child-sized milk will be provided to supplement snacks/lunches as necessary. No food deliveries are permitted within the school buildings.

-If a child becomes ill, contact the school nurse or school administrator, who will assess and take appropriate action, including isolation of the child as necessary.

-Parents and visitors are not to enter the school building, unless required by the circumstance, and PPE will be worn/provided by ACLD as necessary at such times.

Sick Child Policy/Practice for COVID-19-like Exhibited Symptoms

If a child develops a fever, shortness of breath, a new cough, GI symptoms, lethargy, chills, rash or other potential coronavirus symptoms during the day, the child will be removed from the classroom, assessed by the School Nurse and placed in a supervised isolation room specifically for children who may demonstrate symptoms of such during the school day.

The parent will be contacted for immediate pickup. If a parent is not immediately available to pick up the child, another family member or caregiver, (anyone listed on your child's Emergency Contact Form), who can pick up the child immediately will be contacted.

Sick children will not be permitted to be transported home by bus, or to remain in the School Nurse office.

Children may not return to school until Parent consults with their child's Healthcare Provider and is given a return to school note.

Positive case of COVID-19 infection within the school

Upon confirmation of a positive COVID-19 case, the school will close for an initial 24 hours to begin work with NYSDOH on decision making regarding closure and necessary contact tracing. NYSED officials, OCFS, school districts and parents would be notified. All necessary cleaning and disinfection would be completed. During this 24-hour closure, remote instruction would be provided to all students.

Decision making on any school or classroom closures will be made in cooperation with and upon recommendation from the NYS DOH. If it is recommended that a classroom(s)/or full school and staff be quarantined, then enrolled students will continue to be provided with remote instruction for that period of time.

Should a staff member or child in our school be identified as positive with a case of coronavirus, CDC guidance will be followed on disinfection of the building area(s).

This guidance includes a closing off of ALL areas used by the child/person who is sick, opening of outside doors and windows to increase air circulation, and waiting 24 hours or as long as possible before cleaning and disinfecting to allow respiratory droplets to settle. If more than 7 days have passed since the child/person who is sick was in the school, then additional cleaning and disinfecting (other than daily routine) is not necessary.

Weekly Health Screening Checklist

All children's temperatures are checked daily upon arrival to school.

Parents are sent a link to a weekly (Sunday evening) COVID-19 questions, required to be answered PRIOR to children being sent to school on Monday. The COVID-19 questionnaire will be required on the first day of attendance (Tuesday, Wednesday, Thursday or Friday) for a child absent on a Monday. It is a requirement that a family member contact the school nurse should the answer to any of the COVID-19 questions change during a given week. A school nurse may complete the required COVID-19 screening with a family member, allowing the child to remain in school.

If a child is ABSENT / SICK on a Monday, and any/every day thereafter, the school nurse will make contact to conduct a health screening, consisting of discussion and documentation in the child's e-records nurse card file.

School administrators, office and assigned school personnel (e.g. classroom staff) will assist with the necessary follow up on missing documents for children that may not be identified as SICK or ABSENT.

Should a child arrive at school without the COVID-19 screening being complete OR fail the temperature check upon arriving to school, they must be picked up by a parent/family member or approved emergency contact ASAP, at maximum within a timeframe of 1 hour.

All parents are required to sign and adhere to all of the outlined COVID-19 policy/practice addendums.

The consequence of failure to follow the stated procedures would be:

-a call from the building administrator to remind the family of the required practices, with follow up from the professional team as necessary

-and potentially a referral to the school district CPSE to discuss continued school attendance and necessary health screen/COVID practices

Covid-19 Health Survey Week of 9/28/20-10/02/20

Once a week, parents/guardian will be required to complete and submit this COVID-related statement of assurance regarding their child's health. This can be submitted electronically using this link. If you answer yes to any of the questions your child must be kept home and you are asked to call our school nurse. Kramer Learning Center: 631-665-1900 ext. 327. Spiegel Children's Center 631-647-9577 ext. 231
In that you are submitting this assurance weekly, we ask that you call our school nurse should your answers to any of the questions change throughout a given week.
This survey will be sent to parents via email every Sunday to complete prior to arrival at school on Monday morning. If this assurance is not received for Monday, you may be called to complete the survey or pick up your child from school, as it is a NYSDOH requirement.

1. Child's First Name: *

Enter your answer

2. Child's Last Name: *

Enter your answer

3. Child's Classroom *

Select your answer

4. Has your child had a positive COVID-19 test in the past 14 days? *

Yes (Do not send your child to school and notify the school nurse immediately)

No

5. Is your child exhibiting any signs or symptoms of COVID-19? (fever of 100 degrees or higher, cough, shortness of breath, chills, muscle pain, headache, sore throat, abdominal discomfort or diarrhea or a new loss of taste or smell) *

Yes (Do not send your child to school and notify the school nurse immediately)

No

6. Has your child had close contact with a confirmed or suspected COVID-19 case in the past 14 days? *

Yes (Do not send your child to school and notify the school nurse immediately)

No

7. Has your child traveled to restricted states or countries during the last 14 days? *

Yes (Do not send your child to school and notify the school nurse immediately)

No

Arrival/Dismissal Procedures

All staff, students and necessary visitors must enter through a designated, single point of entry at our school buildings.

Staff and necessary visitors will be required to wear a face covering indoors and outdoors, at all times, when in the presence of children and other adults.

Temperature (temporal scanner) and wellness screening questioning (posted at our entry) checks will be done on all staff and with parents dropping off children, and with children arriving by bus, prior to entry to our buildings.

A log is kept of temperature recordings, and staff/child sign in and out accomplished by an appointed person upon entry to the building.

If a temperature of 100.0 is identified, the adult or child will not be permitted entrance. Children will be isolated in an area other than the school nurse office until parent pick-up.

Children will continue to have Health Checks and temperature screenings done after entrance to their classrooms. Consistent with current practice, the School Nurse will be notified of any signs of illness or injury during the school day. Children are assessed by the school nurse, isolated as necessary and parent called as needed.

A checklist will be developed by our school nurse for parents and our staff to monitor potential symptoms of COVID-19 and related illnesses, and know with certainty when to stay home or keep a child home from school. Parents are asked to call the school nurse if their child is absent from school due to illness, and daily calls will be made to families whose children are absent by our office staff.

Staff attendance and illness will be monitored by building supervisors, overseen by the building Principal, Noreen Clemens.

Parent and Visitor entry to the school buildings will be significantly restricted.

Child drop off by a parent and/or bus transport will be curbside and staggered.

Bus Drivers will not be permitted to enter the school buildings.

Staff Arrival/Dismissal

The Kramer Learning Center (KLC) back reception desk will be opened at 7:30AM for those staff who may arrive prior to 8AM. Temperature and health screenings can be conducted from 7:30-8AM at this designated single point of entry. The office staff person will sign staff IN noting time of arrival and conduct the COVID 19 health check, including a temporal temperature scan. After 8AM, staff may be screened outside in the parking lot by one of the staffs assigned to take temperatures and conduct health checks.

The Spiegel Children's Center (SCC) reception desk will be opened at 7:30AM for those staff who may arrive prior to 7:45AM. Temperature and Health Screenings will be conducted at this designated single point of entry. The office staff person will sign staff IN noting time of arrival and conduct the COVID 19 health check, including a temporal temperature scan.

An answer of 'yes' to any of the COVID 19 questions or temperature of 100 degrees or more would prevent the staff member from entering the school.

Bus Arrival/Dismissal

On arrival to Kramer Learning Center (KLC), children being walked in by a family member will have their temperature and health check conducted by the staff member assigned to the parent entry gate. Parents and children will then be directed to wait for classroom staff at an area designated by their child's classroom number. At dismissal, the parent will again wait at this designated spot, with assigned staff calling the classroom to have the child brought out to the parking lot. Children being picked up by a family member will remain in their classrooms until a parent/family member arrives.

All families who transport their children to Spiegel Children's Center (SCC) by car drive in through the front gate and go to the right side of that parking area and wait for buses to depart. A designated staff person completes a Health Check and Temporal Temperature Check of the child in the car prior to the parent drop off at the front door. Once buses have been emptied families are directed to move to the front of the building and the children are taken out of their cars by the family and staff takes the child into the building.

On bus arrivals to KLC, the parking lot will be filled with all of the busses that arrive for drop off/pick up at either 8:30-2PM or 9-2:30PM. Whiteboard information will indicate to staff where each bus is parked.

As KLC buses are ready for unloading or loading, there will be an announcement made by bus number, in a staggered fashion designed to reduce social density.

Upon bus arrival to Spiegel Children's Center (SCC), buses are directed to park in the front of the building. An announcement is made that buses are ready to be unloaded/loaded by bus number and staggered to reduce social density. Once buses are unloaded/loaded, they exit through the main gate.

All children (KLC or SPG) will receive temporal temperature checks prior to entering the school building, conducted by designated staff. A child whose temperature registers 100 degrees or more would not be brought into the school building, rather taken to the isolation room and the parent called for pick up.

All Families (KLC or SPG) are asked to respond to the COVID 19 questions for their children (sent via email) each week. A 'yes' response on any day of the week to one of the questions makes it necessary for the child to be kept home from school and the school nurse contacted.

Evacuation Drills 2020-2021

Drills will continue at the twelve (12x) (four (4) LOCKDOWN and eight (8) EVACUATION) a year requirement. Eight (8) of the required drills will be conducted by December 31.

Two (2) additional drills will be conducted during the summer school session.

Two (2) Code AMBER (missing child/ LOCKOUT) drills will be conducted each year.

The COVID-19 virus has necessitated modifications in this current school year for purpose of minimizing risk of spreading infection. These modifications may include:

- conducting of evacuation drills in a staggered classroom fashion, for purpose of insuring social distancing.

-conducting of lockdown drills, with classroom/office doors to be locked and blinds drawn and students and staff will be arranged within the classroom space, hiding/sheltering in a way that insures no line of sight from a window or door while maintaining necessary social distancing.

When conducting a drill, it will ALWAYS be announced that it is a drill and not an emergency, by the following announcement, "This is an emergency drill, not an actual emergency. This is a drill. We are now practicing how to LOCKDOWN, or EVACUATE. Should a staff member not hear this announcement or believe that an actual emergency has occurred that requires evacuation or a lockdown, there would be immediate priority to get to safety. In this case, maintaining social distance may not be possible and should not be a priority.

A record of all drills conducted throughout this school year is maintained by the school Principal, to include dates, times and a description of how drill procedures were modified, if at all.

Enrollment and Remote Instruction

Establishing Enrollment

For a student attending school in person or remotely, enrollment (required to ensure that the school receives tuition for the school year) is established through an initial three (3) consecutive days of attendance.

The teacher and/or clinician will document attendance in a clear and consistent manner. Daily attendance includes the type and frequency of instructional services consistent with the child's IEP and established instructional guidelines.

Attendance cannot be documented based solely on a phone contact with the family unless you are able to tie the phone call to an instructional lesson for the student.

Enrollment is determined by the child/family participation in an instructional activity.

Examples include:

-child participates in a face-to-face instructional activity with the classroom teacher at a specified time (synchronous instruction)

-parent logs in to an online posted or live classroom lesson for the day at a given time (asynchronous instruction)

-child participates remotely in a related clinical service session

Remote Instruction:

A remote-instruction teacher will be responsible to develop weekly lesson plans (Attachment A) for each child participating in this instructional model. In addition, the teacher for each child on an assigned caseload keeps a weekly log of parent contact. A school psychologist or social worker will also maintain a separate log of parent contact.

Therapists (SP, OT, PT, PSY/SW) will keep detailed log notes, entered into Enter claims as clinical documentation of the provision of a child's IEP mandated services, as well as parent contact information.

Teachers and therapists will document daily their provided weekly services (Attachment B). A minimum one (1) hour daily of in person (synchronous) instruction is required weekly. This face-to-face instruction includes teacher and clinical contacts. Asynchronous instruction opportunities will be planned and provided for up to 4 hours in a given day, with each day to total a maximum of 5 hours instructional time.

ATTACHMENT A

Child's Name:
Age:
Class Ratio:
School District:
D.O.B.

Remote Learning Capability Assessment

Questions/prompts to families:

1. We are reaching out to establish what accessibility you have with technology for remote learning. In the event that your child needs to receive remote teaching for any reason, we need to ensure that all families have access to technology that allows them to participate in therapeutic instruction immediately.

2. In order to maximize our ability to share information and communicate with you, we will be able to utilize several different means depending on what you want and is workable for you: These platforms include Zoom, Microsoft Teams, Face Time

3. Your child will be required to participate in Face-to-Face therapeutic/educational instruction through one of these platforms for a *minimum* of 1 hour a day. The teacher will provide opportunities for small group learning as well as individual instruction throughout the week. Therapists will establish tele-therapy with you based on the mandated sessions on the IEP.

4. What time blocks are you available for receiving this Face-to-Face instruction during the school hours of 8:30-3:30pm?

Therapy Blocks	**Check Time Blocks Family is Available**
8:30-9:30am	
9:30-10:30am	
10:30-11:30am	
11:30-12:30pm	
12:30-1:30pm	
1:30-2:30pm	
2:30-3:30pm	

5. In addition, you will receive weekly, individualized instructional plans that directly relate to the lessons based on IEP goals. Additional educational materials will be sent for your child to practice skills and links will be provided to learning opportunities you can access outside of the class day. The instructional plans will include 5 hours of instruction (synchronous and asynchronous) per day as per NYSED regulations.

6. What is the primary way you would like us to communicate with you? Email, Remind App., texting, phone call

7. We want you to know that we are here to answer questions, discuss information and direct you to resources if you need. We want to offer you support in the best way that works for your family and child.

Technology available	Check Appropriate	Therapy provided via	Check Appropriate	Preferred Method of Communication	Check Appropriate
Phone		Zoom		Phone call	
Text		Microsoft Teams		Text	
Email		Face Time		Email	
Computer				Remind App.	
iPad					
Wi-Fi					
Printer					
Remind App.					

Comments:

Directions for Completing
Preschool Special Education Remote Learning Plan

- Special circumstances and family/child needs are indicated in the first box. These include the primary means of communication and the time blocks families/students are available for face-to-face therapeutic/educational instruction.

- The student's educational IEP goals that will be addressed during the week are listed in the Goals section. Ensure that the listed goals are addressed in the lessons/materials, both as part of synchronous and asynchronous lessons.

- Under the Synchronous Learning section, each day of the week should have the time that face-to-face lessons are to be provided and the specific focus of educational instruction. Please include the days and times tele-therapy is scheduled for therapists, as well.

- Under the Asynchronous Learning section, all materials/videos/links that are provided to support the daily synchronous lessons need to be listed.

The lesson plan is to be completed by the teacher. Therapists will not be required to add their tele-therapy focus to the document.

Attachment A

ACLD
For an Enviable Life

Children's Programs

Kramer Learning Center
1428 Fifth Avenue
Bay Shore, NY 11706
Phone: (631) 665-1900 Fax: (631) 665-1377

Spiegel Children's Center
67 Greenwood Road
Bay Shore, NY 11706
Phone: (631) 647-9577 Fax: (631) 647-9585

Preschool Special Education Remote Learning Plan

Student Name: **School District:** **Date of Birth:**

Student/Family Needs

Daily Breakdown of Therapeutic/Educational Focus

Goals:			
Date	Time	Daily Synchronous Learning	Asynchronous Learning
Monday			
Tuesday			
Wednesday			
Thursday			
Friday			

ATTACHMENT B

Remote Learners Daily Check-in Sheet
Student:
Week of:

Please check off the days and times you had Face-to-Face sessions with student during week.

Service:	Monday	Tuesday	Wednesday	Thursday	Friday
Classroom					
Speech					
OT					
PT					
Counseling					
Other					
Notes:					

Classroom Materials

Children's belongings will be stored in individually labeled bins along with snack/lunch, bags and backpacks brought each day from home.

Toys in the classroom will be limited to items that can easily be disinfected; there will be limited sharing of items or supplies. Sensory materials, dress up clothes, and other items that are difficult to disinfect and have been used by all, have been put away or discarded. Toys will be disinfected between uses by each child or small groups of children, especially when placed in the mouth, and children will be given their own designated set of materials for use during the day.

Reasonable measures will be taken to limit the sharing of objects, such as electronic equipment, arts and craft materials, IPAD and other touchscreens. When not possible hand hygiene practices before and after contact, by children and staff will be required, and any shared objects disinfected.

The children will not be permitted to bring any toys from home into the building.

Food

All food will be sent with children from home, must be **nut-free** and will be kept in a lunch box in the child's cubby with an ice or thermal pack provided by the family, as needed. **Food items will not be warmed by classroom staff, until further notice, so as to limit congregation in our small kitchen area and reduce risk of cross-contamination.**

Children's food from home will be plated by a staff member using one pair of gloves per child. No children's lunch boxes are to be left sitting on a classroom table. Meal/snack times are likely to be staggered to reduce congregation within the indoor space, and to allow for necessary supervision while eating. Staff assigned to plate the children's food will not be given toileting responsibilities on that given day.

School refrigerators are for school provided milk containers, ONLY.

Staff must also keep their own lunches in a stored cooler or thermal bag. Storage will not be allowed in the kitchen refrigerator and **NO outside food deliveries** will be permitted **to the inside of our school buildings.**

Handwashing and Staff Hygiene when Washing, Feeding, or Holding a Child

Children and staff will wash their hands upon arrival and prior to departure, between activities, before and after outdoor play, and before and after eating, and as part of toileting routines. Tables, chairs, faucets, doorknobs, light switches, handles, rugs, bathrooms, and any shared use space (such as the OT/PT Motor room) , will be disinfected regularly by assigned and/or Maintenance Staff with provided and proved COVID effective cleaning solutions.

Updated handwashing signs will be placed throughout the facility for staff and children. Where necessary, alcohol sanitizers and wipes may also be used and provided to staff.

To the extent possible, when staff are engaged in caring for, comforting or holding a child, they will wear over-large button down long sleeved shirt, keep long hair up off the collar, and wash all areas (e.g. neck or hands) that may have been touched by children's secretions (drool, nasal discharge). Staff will change a child's clothes if soiled and will change their button down shirt as well. Families will be asked for multiple changes of clothes, and child/staff soiled clothing will be placed in a plastic bag and sent home for laundering, or where applicable, washed on premises.

Physical and Social Distancing

In order to adhere to guidelines recommended by the CDC and local and state health departments, and to minimize risk of infections, efforts to encourage social distancing will be developed to the greatest extent possible that is appropriate for each class grouping developmental level. This would include restructuring of classroom environments and visual symbols to denote space expectations and traffic flow. Additionally, stringent disinfection and prevention of the spread of germs will be implemented and a daily log kept to reflect disinfection activity within our school buildings.

Our school staff and parents are asked to maintain social distancing of at least 6 feet. Distance markers, foot traffic signage, and other physical barriers will be in place in our buildings to denote expected practices and define necessary space.

We recognize that caring for and responding to the needs of young children will require closer proximity and for that reason we will require our staff to wear face masks that cover their mouth and nose at all times. We ask that our parents and any necessary visitors to the school do the same. Children will not be expected or required to wear face masks.

Before entering our school see below COVID-19 Exposure questions

1. Do you have any COVID -19 symptoms in the past 14 days?

If you have answered yes to this question you cannot enter our school.

2. Have you tested positive for COVID -19 in the past 14 days?

If you have answered yes to this question you cannot enter our school.

3. Have you had any contact with an individual with a confirmed or suspected case of COVID-19?

If you have answered yes to this question you cannot enter our school.

4. Have you traveled to any of the hot states that Gov. Cuomo issued an Exec. Order to self-quarantine for 14 days once you return to NY? SEE ATTACHED

If you have answered yes to this question you cannot enter our school.

ACLD staff member must notify either their supervisor, HR or Michelle Reisner.

****You must self-quarantine for 14 days and medical clearance is needed in order to return ****

Thank you for keeping our school and staff safe!

ATTENTION STAFF AND VISITORS -
Restricted States & Countries

Based upon Governor Cuomo's Executive Order 205, dated June 25th the following states meet the criteria for required quarantine:

This is based upon a seven-day rolling average, of positive tests in excess of 10%, or number of positive cases exceeding 10 per 100,000 residents.

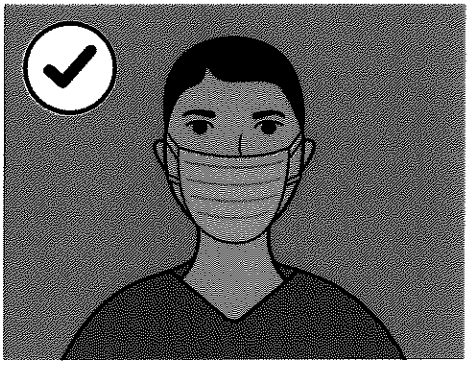
Please check below website to view the most current list

https://coronavirus.health.ny.gov/covid-19-travel-advisory

https://www.cdc.gov/coronavirus/2019-ncov/travelers/map-and-travel-notices.html

Facemask Do's and Don'ts
For Healthcare Personnel

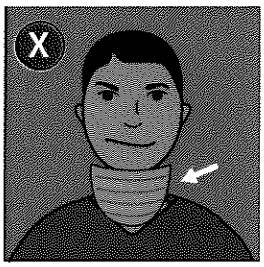
When putting on a facemask
Clean your hands and put on your facemask so it fully covers your mouth and nose.

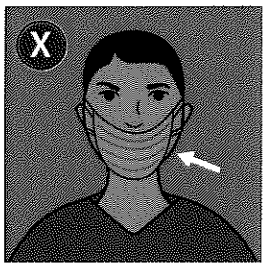


DO secure the elastic bands around your ears.

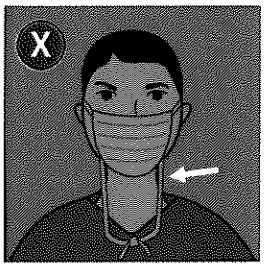
DO secure the ties at the middle of your head and the base of your head.

When wearing a facemask, don't do the following:

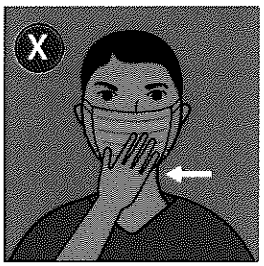




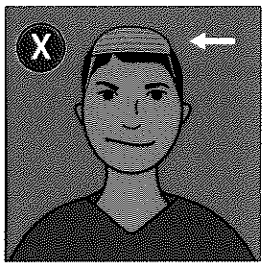
DON'T wear your facemask under your nose or mouth.



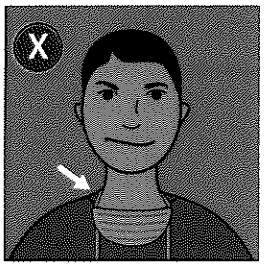
DON'T allow a strap to hang down. **DON'T** cross the straps.



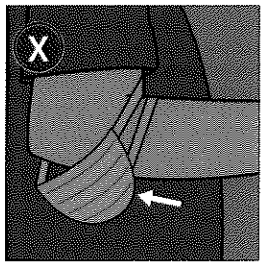
DON'T touch or adjust your facemask without cleaning your hands before and after.



DON'T wear your facemask on your head.

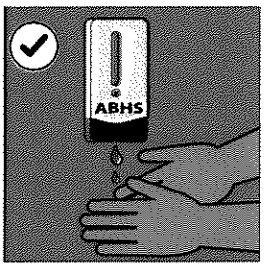


DON'T wear your facemask around your neck.

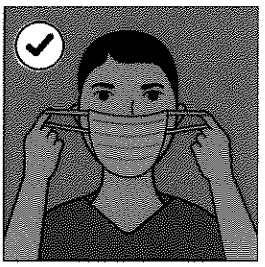


DON'T wear your facemask around your arm.

When removing a facemask
Clean your hands and remove your facemask touching only the straps or ties.



DO leave the patient care area, then clean your hands with alcohol-based hand sanitizer or soap and water.



DO remove your facemask touching ONLY the straps or ties, throw it away*, and clean your hands again.

*If implementing limited-reuse: Facemasks should be carefully folded so that the outer surface is held inward and against itself to reduce contact with the outer surface during storage. Folded facemasks can be stored between uses in a clean, sealable paper bag or breathable container.

Additional information is available about how to safely put on and remove personal protective equipment, including facemasks: https://www.cdc.gov/coronavirus/2019-ncov/hcp/using-ppe.html.

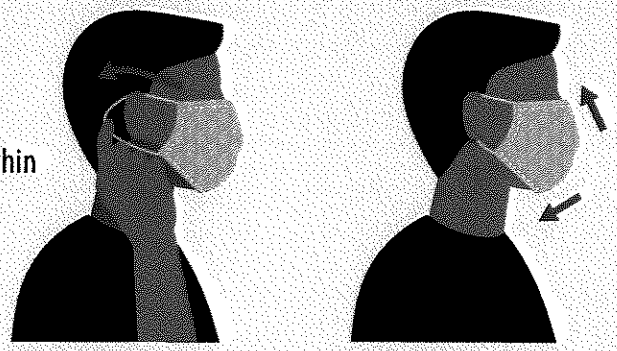
cdc.gov/coronavirus

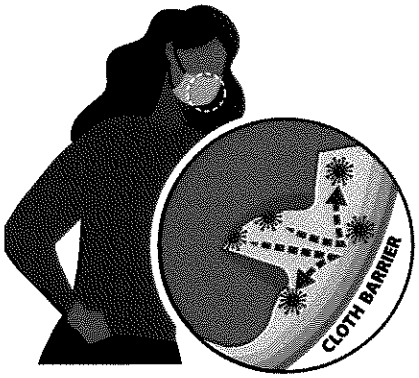
How to Safely Wear and Take Off a Cloth Face Covering

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

WEAR YOUR FACE COVERING CORRECTLY

- Wash your hands before putting on your face covering
- Put it over your nose and mouth and secure it under your chin
- Try to fit it snugly against the sides of your face
- Make sure you can breathe easily
- Do not place a mask on a child younger than 2



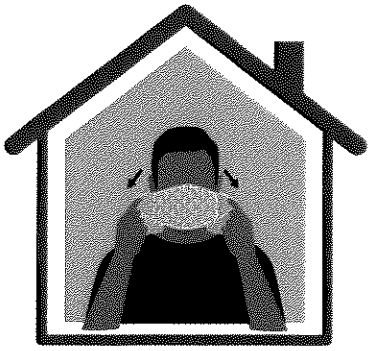


USE THE FACE COVERING TO HELP PROTECT OTHERS

- Wear cloth face coverings in public settings and when around people who don't live in your household, especially when other social distancing measures are difficult to maintain
- Don't put the covering around your neck or up on your forehead
- Don't touch the face covering, and, if you do, clean your hands

FOLLOW EVERYDAY HEALTH HABITS

- Stay at least 6 feet away from others
- Avoid contact with people who are sick
- Wash your hands often, with soap and water, for at least 20 seconds each time
- Use hand sanitizer if soap and water are not available



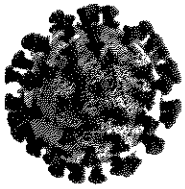
TAKE OFF YOUR CLOTH FACE COVERING CAREFULLY, WHEN YOU'RE HOME

- Untie the strings behind your head or stretch the ear loops
- Handle only by the ear loops or ties
- Fold outside corners together
- Place covering in the washing machine
- Wash your hands with soap and water

Cloth face coverings are not surgical masks or N-95 respirators, both of which should be saved for health care workers and other medical first responders.

For instructions on making a cloth face covering, see: **cdc.gov/coronavirus**

What you should know about COVID-19 to protect yourself and others



Know about COVID-19

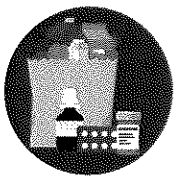
- Coronavirus (COVID-19) is an illness caused by a virus that can spread from person to person.
- The virus that causes COVID-19 is a new coronavirus that has spread throughout the world.
- COVID-19 symptoms can range from mild (or no symptoms) to severe illness.

Know how COVID-19 is spread

- You can become infected by coming into close contact (about 6 feet or two arm lengths) with a person who has COVID-19. COVID-19 is primarily spread from person to person.
- You can become infected from respiratory droplets when an infected person coughs, sneezes, or talks.
- You may also be able to get it by touching a surface or object that has the virus on it, and then by touching your mouth, nose, or eyes.

Protect yourself and others from COVID-19

- There is currently no vaccine to protect against COVID-19. The best way to protect yourself is to avoid being exposed to the virus that causes COVID-19.
- Stay home as much as possible and avoid close contact with others.
- Wear a cloth face covering that covers your nose and mouth in public settings.
- Clean and disinfect frequently touched surfaces.
- Wash your hands often with soap and water for at least 20 seconds, or use an alcohol-based hand sanitizer that contains at least 60% alcohol.



Practice social distancing

- Buy groceries and medicine, go to the doctor, and complete banking activities online when possible.
- If you must go in person, stay at least 6 feet away from others and disinfect items you must touch.
- Get deliveries and takeout, and limit in-person contact as much as possible.

Prevent the spread of COVID-19 if you are sick

- Stay home if you are sick, except to get medical care.
- Avoid public transportation, ride-sharing, or taxis.
- Separate yourself from other people and pets in your home.
- There is no specific treatment for COVID-19, but you can seek medical care to help relieve your symptoms.
- If you need medical attention, call ahead.

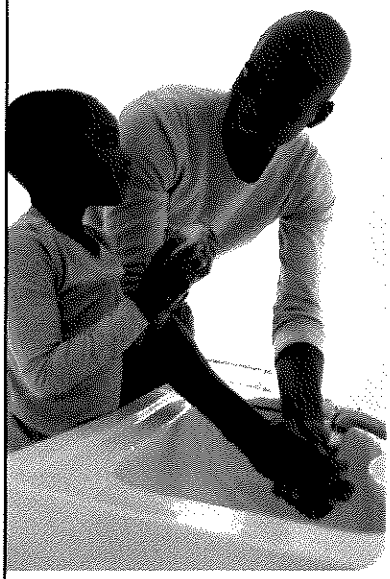
Know your risk for severe illness

- Everyone is at risk of getting COVID-19.
- Older adults and people of any age who have serious underlying medical conditions may be at higher risk for more severe illness.

CDC

cdc.gov/coronavirus

Handwashing and Hand Sanitizer Use
at Home, at Play, and Out and About



Germs are everywhere! They can get onto hands and items we touch during daily activities and make you sick. Cleaning hands at key times with soap and water or hand sanitizer is one of the most important steps you can take to avoid getting sick and spreading germs to those around you.

There are important differences between washing hands with soap and water and cleaning them with hand sanitizer. For example, alcohol-based hand sanitizers don't kill ALL types of germs, such as a stomach bug called norovirus, some parasites, and *Clostridium difficile,* which causes severe diarrhea. Hand sanitizers also may not remove harmful chemicals, such as pesticides and heavy metals like lead. Handwashing reduces the amounts of all types of germs, pesticides, and metals on hands. Knowing when to clean your hands and which method to use will give you the best chance of preventing sickness.

When should I use?

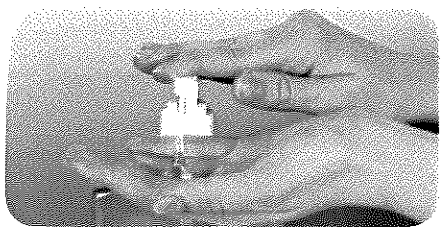
Soap and Water

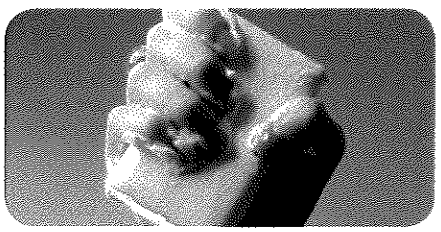
- Before, during, and after preparing food
- Before eating food
- Before and after caring for someone who is sick
- Before and after treating a cut or wound
- After using the bathroom, changing diapers, or cleaning up a child who has used the bathroom
- After blowing your nose, coughing, or sneezing
- After touching an animal, animal food or treats, animal cages, or animal waste
- After touching garbage
- If your hands are visibly dirty or greasy

Alcohol-Based Hand Sanitizer

- Before and after visiting a friend or a loved one in a hospital or nursing home, unless the person is sick with *Clostridium difficile* (if so, use soap and water to wash hands).
- If soap and water are not available, use an alcohol-based hand sanitizer that contains at least 60% alcohol, and wash with soap and water as soon as you can.

* Do **NOT** use hand sanitizer if your hands are visibly dirty or greasy: for example, after gardening, playing outdoors, or after fishing or camping (unless a handwashing station is not available). Wash your hands with soap and water instead.





CDC
U.S. Department of Health and Human Services
Centers for Disease Control and Prevention

How should I use?

Soap and Water

- **Wet** your hands with clean running water (warm or cold) and apply soap.
- **Lather** your hands by rubbing them together with the soap.
- **Scrub** all surfaces of your hands, including the palms, backs, fingers, between your fingers, and under your nails. Keep scrubbing for 20 seconds. Need a timer? Hum the "Happy Birthday" song twice.
- **Rinse** your hands under clean, running water.
- **Dry** your hands using a clean towel or air dry them.

Alcohol-Based Hand Sanitizer

Use an alcohol-based hand sanitizer that contains at least 60% alcohol. Supervise young children when they use hand sanitizer to prevent swallowing alcohol, especially in schools and childcare facilities.

- **Apply.** Put enough product on hands to cover all surfaces.
- **Rub** hands together, until hands feel dry. This should take around 20 seconds.

Note: Do not rinse or wipe off the hand sanitizer before it's dry; it may not work as well against germs.

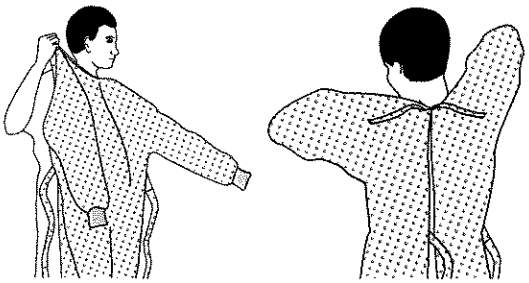
For more information, visit the CDC handwashing website, www.cdc.gov/handwashing.

SEQUENCE FOR PUTTING ON PERSONAL PROTECTIVE EQUIPMENT (PPE)

The type of PPE used will vary based on the level of precautions required, such as standard and contact, droplet or airborne infection isolation precautions. The procedure for putting on and removing PPE should be tailored to the specific type of PPE.

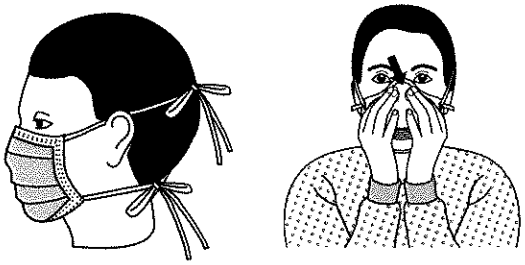
1. GOWN

- Fully cover torso from neck to knees, arms to end of wrists, and wrap around the back
- Fasten in back of neck and waist



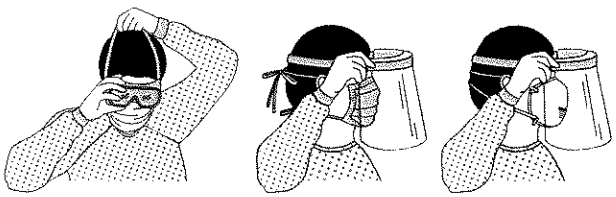
2. MASK OR RESPIRATOR

- Secure ties or elastic bands at middle of head and neck
- Fit flexible band to nose bridge
- Fit snug to face and below chin
- Fit-check respirator



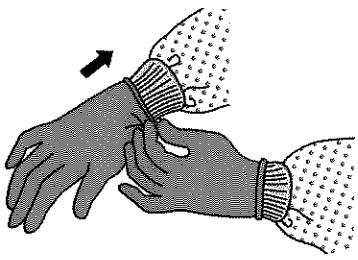
3. GOGGLES OR FACE SHIELD

- Place over face and eyes and adjust to fit



4. GLOVES

- Extend to cover wrist of isolation gown



USE SAFE WORK PRACTICES TO PROTECT YOURSELF AND LIMIT THE SPREAD OF CONTAMINATION

- Keep hands away from face
- Limit surfaces touched
- Change gloves when torn or heavily contaminated
- Perform hand hygiene

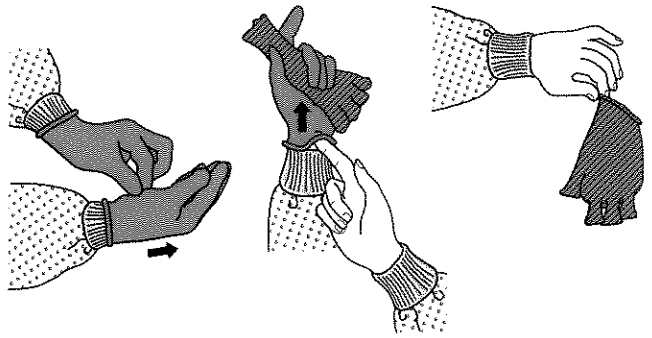
CDC

HOW TO SAFELY REMOVE PERSONAL PROTECTIVE EQUIPMENT (PPE) EXAMPLE 1

There are a variety of ways to safely remove PPE without contaminating your clothing, skin, or mucous membranes with potentially infectious materials. Here is one example. **Remove all PPE before exiting the patient room** except a respirator, if worn. Remove the respirator **after** leaving the patient room and closing the door. Remove PPE in the following sequence:

1. GLOVES

- Outside of gloves are contaminated!
- If your hands get contaminated during glove removal, immediately wash your hands or use an alcohol-based hand sanitizer
- Using a gloved hand, grasp the palm area of the other gloved hand and peel off first glove
- Hold removed glove in gloved hand
- Slide fingers of ungloved hand under remaining glove at wrist and peel off second glove over first glove
- Discard gloves in a waste container

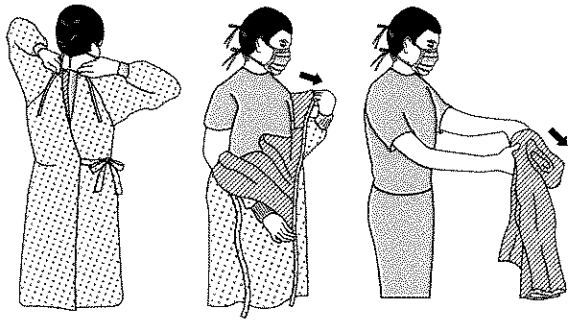


2. GOGGLES OR FACE SHIELD

- Outside of goggles or face shield are contaminated!
- If your hands get contaminated during goggle or face shield removal, immediately wash your hands or use an alcohol-based hand sanitizer
- Remove goggles or face shield from the back by lifting head band or ear pieces
- If the item is reusable, place in designated receptacle for reprocessing. Otherwise, discard in a waste container

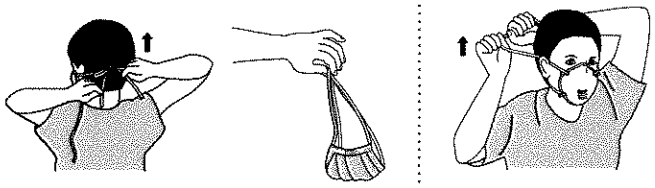
3. GOWN

- Gown front and sleeves are contaminated!
- If your hands get contaminated during gown removal, immediately wash your hands or use an alcohol-based hand sanitizer
- Unfasten gown ties, taking care that sleeves don't contact your body when reaching for ties
- Pull gown away from neck and shoulders, touching inside of gown only
- Turn gown inside out
- Fold or roll into a bundle and discard in a waste container

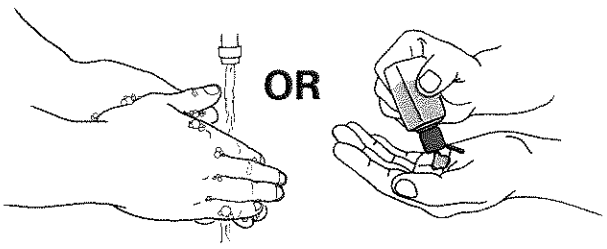


4. MASK OR RESPIRATOR

- Front of mask/respirator is contaminated — DO NOT TOUCH!
- If your hands get contaminated during mask/respirator removal, immediately wash your hands or use an alcohol-based hand sanitizer
- Grasp bottom ties or elastics of the mask/respirator, then the ones at the top, and remove without touching the front
- Discard in a waste container



5. WASH HANDS OR USE AN ALCOHOL-BASED HAND SANITIZER IMMEDIATELY AFTER REMOVING ALL PPE



PERFORM HAND HYGIENE BETWEEN STEPS IF HANDS BECOME CONTAMINATED AND IMMEDIATELY AFTER REMOVING ALL PPE

CDC

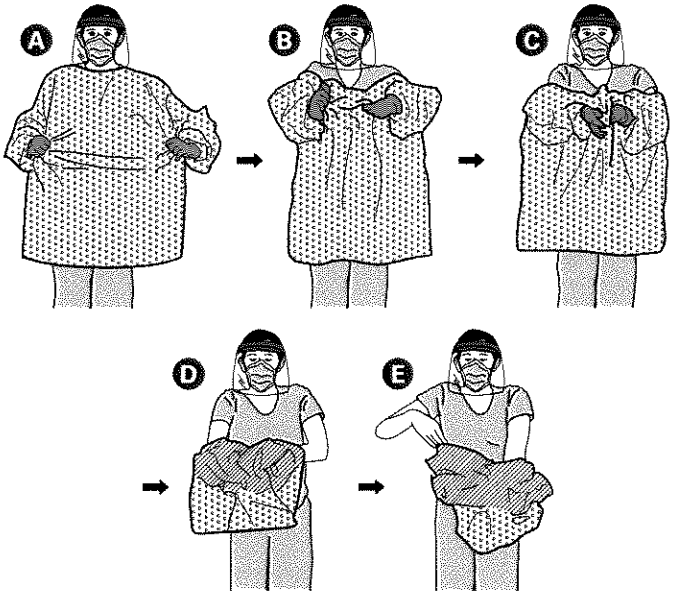
CS250672-E

HOW TO SAFELY REMOVE PERSONAL PROTECTIVE EQUIPMENT (PPE) EXAMPLE 2

Here is another way to safely remove PPE without contaminating your clothing, skin, or mucous membranes with potentially infectious materials. **Remove all PPE before exiting the patient room** except a respirator, if worn. Remove the respirator **after** leaving the patient room and closing the door. Remove PPE in the following sequence:

1. GOWN AND GLOVES

- Gown front and sleeves and the outside of gloves are contaminated!
- If your hands get contaminated during gown or glove removal, immediately wash your hands or use an alcohol-based hand sanitizer
- Grasp the gown in the front and pull away from your body so that the ties break, touching outside of gown only with gloved hands
- While removing the gown, fold or roll the gown inside-out into a bundle
- As you are removing the gown, peel off your gloves at the same time, only touching the inside of the gloves and gown with your bare hands. Place the gown and gloves into a waste container

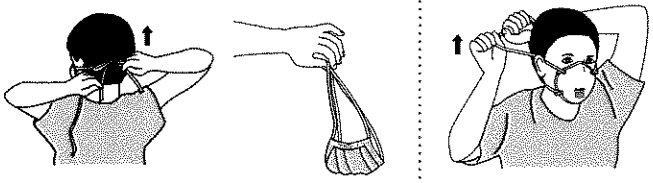


2. GOGGLES OR FACE SHIELD

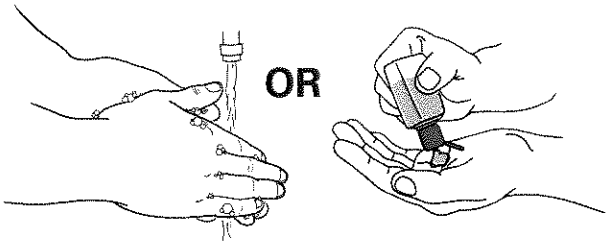
- Outside of goggles or face shield are contaminated!
- If your hands get contaminated during goggle or face shield removal, immediately wash your hands or use an alcohol-based hand sanitizer
- Remove goggles or face shield from the back by lifting head band and without touching the front of the goggles or face shield
- If the item is reusable, place in designated receptacle for reprocessing. Otherwise, discard in a waste container

3. MASK OR RESPIRATOR

- Front of mask/respirator is contaminated — DO NOT TOUCH!
- If your hands get contaminated during mask/respirator removal, immediately wash your hands or use an alcohol-based hand sanitizer
- Grasp bottom ties or elastics of the mask/respirator, then the ones at the top, and remove without touching the front
- Discard in a waste container



4. WASH HANDS OR USE AN ALCOHOL-BASED HAND SANITIZER IMMEDIATELY AFTER REMOVING ALL PPE



PERFORM HAND HYGIENE BETWEEN STEPS IF HANDS BECOME CONTAMINATED AND IMMEDIATELY AFTER REMOVING ALL PPE

CDC

Appendix C:
Diapering

Diapering will be done only in the selected diapering area. Food handling is not permitted in diapering areas.

Surfaces in diapering areas will be kept clean, waterproof, and free of cracks, tears, and crevices. All containers of skin creams and cleaning items are labeled appropriately and stored off the diapering surface and out of reach of children.

Diapers will be changed using the following steps:

1) Collect all supplies, but keep everything off the diapering surface except the items you will use during the diapering process. Prepare a sheet of non-absorbent paper that will cover the diaper changing surface from the child's chest to the child's feet. Bring a fresh diaper, as many wipes as needed for this diaper change, non-porous gloves and a plastic bag for any soiled clothes.
2) Wash hands and put on gloves. Avoid contact with soiled items. Items that come in contact with items soiled with stool or urine will have to be cleaned and sanitized. Carry the baby to the changing table, keeping soiled clothing from touching the staff member's or volunteer's clothing. Bag soiled clothes and, later, securely tie the plastic bag to send the clothes home.
3) Unfasten the diaper, but leave the soiled diaper under the child. Hold the child's feet to raise the child out of the soiled diaper and use disposable wipes to clean the diaper area. Remove stool and urine from front to back and use a fresh wipe each time. Put the soiled wipes into the soiled diaper. Note and later report any skin problems.
4) Remove the soiled diaper. Fold the diaper over and secure it with the tabs. Put it into a lined, covered or lidded can and then into an outdoor receptacle or one out of reach of children. If reusable diapers are being used, put the diaper into the plastic-lined covered or lidded can for those diapers or in a separate plastic bag to be sent home for laundering. Do not rinse or handle the contents of the diaper.
5) Check for spills under the baby. If there is visible soil, remove any large amount with a wipe, then fold the disposable paper over on itself from the end under the child's feet so that a clean paper surface is now under the child.
6) Remove your gloves and put them directly into the covered or lidded can.
7) Slide a clean diaper under the baby. If skin products are used, put on gloves and apply product. Dispose of gloves properly. Fasten the diaper.
8) Dress the baby before removing him from the diapering surface.
9) Clean the baby's hands, using soap and water at a sink if you can. If the child is too heavy to hold for hand washing and cannot stand at the sink, use disposable wipes or soap and water with disposable paper towels to clean the child's hands. Take the child back to the child care area.
10) Clean and disinfect the diapering area:
    - Dispose of the table liner into the covered or lidded can.
    - Clean any visible soil from the changing table.
    - Spray or wipe the table so the entire surface is wet with an Environmental Protection Agency (EPA)-registered product, following label directions for disinfecting diapering surfaces.
    - Leave the product on the surface for the amount of time required on the label, then wipe the surface or allow it to air dry.
11) Wash hands thoroughly.

Temporary Employee Procedures for COVID-19 Period (Effective 3/17/20, Revised 8-3-20):

This procedure is only in place for the period of COVID-19 Pandemic. Please note that our business is considered an essential function due to the services we provide to the people supported. This procedure is subject to change due to Federal, State and local laws.

Day Services Employees working in Residential homes:

Employees in Day Services may be required to work in Residential homes during the reopening phase for Day Service programs. This will be based upon people supported attendance in the Day Service programs. Day Services will do their best to accommodate everyone's residential preference. If a Day Services employee is going to be absent he/she must call his/her designated Day Services Supervisor. Day Services employees assigned to residential homes must follow the Residential attendance and tardiness procedure (refer to call out chart below). Day Services will receive his/her current pay rate while working in Residential.

Employees working in Residential call out procedure

Scenario	Advanced Notice Prior to the Beginning of the Shift
Evening & Night Shifts	*At least 4 hours*
Day (for shifts starting after midnight and before 9am)	*At least 8 hours*
Agency Designated Holidays	*At least 8 hours*
Emergencies Declared by the Executive Director or his/her Designee	*At least 8 hours*

Residential Employees:

Residential employees are still expected to work in their residential homes and on their assigned shifts

All Employees:

If an employee is going to be absent he/she must follow the specific program's procedure for a call out (Please note the change in Day Services above). If an employee has a safety concern with their worksite they should speak with a member of management whom they are comfortable reporting an issue.

All Absences from all illnesses:

If an employee is absent due to illness the employee must not report to work. A medical note for a one-day absence will not be needed unless it is related to COVID-19. A medical note must be sent to an HR representative. A medical note can be faxed to 516-495-7070 or emailed to benefits@acld.org. The note will be specific to the date he/she will be out, the length of time and reason for absence. A note would include for example, "An employee is absent from March 1 through March 8 due to the flu". Please note that any employee who is home with COVID-19 or an illness **must not** visit any of our ACLD sites including our administration offices. Please refer to ACLD employee handbook for more specific details on an absence.

Leave for all illnesses:

If an employee is absent due to illness or out under FMLA or Paid Family Leave (PFL) he/she will be eligible to utilize sick, vacation, personal and/or floating holidays. Once accrued time is exhausted his/her absence will be unpaid unless covered under Paid Family Leave (PFL) or any other local, state or federal law. Please refer to the ACLD employee handbook on FMLA, PFL and disability. If an employee believes he/she is vulnerable to contracting COVID-19 due to underlying medical issues, he/she will be asked to provide a medical note to determine if he/she is eligible for utilization of sick time. This note will be submitted to the Human Resources Department by fax or email. Eligibility for paid leave under New York State legislation signed by Governor Cuomo will be determined on a case by case basis. The appropriate documentation will be required for New York State Paid leave. For more information you can visit New York State's government website at ny.gov/COVIDpaidsickleave.

Absence for COVID-19

If an employee is diagnosed with the COVID-19 virus the employee will be required to be out from work and provide a medical note for the initial absence and a secondary note for clearance before they can return to full duty

Testing for COVID-19

An employee who is being tested for COVID-19 **should not be reporting to work** while waiting for the test results to determine if he/she is currently positive for the virus. This would include an employee who either has symptoms or has no symptoms (asymptomatic) for the virus. If an employee works at another company where testing is required for a position he/she will be allowed to report to an ACLD worksite as long as the employee provides documentation from their secondary Employer. The documentation should provide information that explains COVID-19 testing is necessary for the job. This documentation can be provided to a supervisor or an HR representative. An employee who works at ACLD location will still have to successfully pass the health screening assessment.

Quarantined employees:

If an employee is required to be quarantined by a medical professional or by a government entity he/she should provide documentation. If an employee is absent for these reasons he/she can utilize sick, personal, vacation and/or floating holiday.

Absence for employee (formerly called Voluntary absences for employees):

As of May 11, 2020, all ACLD essential employees are expected to complete his/her required hours at a designated location. If an employee's primary location is closed, a supervisor from the employee's program will coordinate a new worksite. If you are unable to report to work and believe you qualify for Family Medical Leave, Paid Family Leave or New York State Paid leave for COVID-19 or some other accommodations please contact a benefits representative in Human Resources at (516) 822-0028 ext. 205 or ext. 203 or by email at benefits@acld.org. If an employee voluntarily chooses not to report to work and/or fails to either contact a supervisor or Human Resources about an absence, it may be addressed with disciplinary action up to including separation.

Visitors:

To ensure the health and safety of all employees in the workplace, visitors are not permitted. This includes children, family and friends. The only people permitted in the workplace are people who are conducting business for the agency.

Compensation for working in a program with a confirmed diagnosis of COVID-19:

In March 2020, ACLD implemented Premium Pay for those programs supporting people with confirmed diagnoses of COVID-19 in an effort to ensure safety and the quality of care were maintained. As ACLD continues to return to normal business operations, effective May 21, 2020 the use of Premium Pay for a confirmed case of Covid-19 will be evaluated on a case by case basis.

Clocking in and out:

All non-exempt employees are still required to clock in and out for his/her shift.

Travel Restrictions:

As of June 25, 2020 New York State issued travel restrictions for anyone visiting a state in the United states that is deemed a high infection rate. "All travelers entering New York from a state with a positive test rate higher than 10 per 100,000 residents, or higher than a 10% test positivity rate, over a seven-day rolling average, will be required to quarantine for a period of 14 days consistent with Department of Health regulations for quarantine." An updated list can be found on the NY State's government website at https://coronavirus.health.ny.gov/covid-19-travel-advisory.

Prior to leaving for a trip outside of New York, an employee should consult the travel restriction list on New York State's website. ACLD strongly recommends not visiting any states with a high infection rate due to the vulnerable population we support. Any employee who visited a state deemed as a high infection rate by New York state will not be permitted to return to work until the fourteen days has passed from the date of an employee's return date. An employee who voluntarily visits a state deemed as a high infection rate **cannot** utilize sick accruals for their absence but can utilize vacation, personal and/or floating holiday. Employees who travelled to a state that is added to New York's state restricted list during their trip will have to quarantine upon return for fourteen days and can utilize sick, vacation, personal and floating accruals. If an employee has no available accruals then the day would be unpaid. A supervisor can request from an employee documentation on their travels outside of New York State. If an employee is unable to provide travel documentation, a supervisor may ask an employee to provide an attestation if they are traveling to a state with a high infection rate. Additionally, a supervisor may deny a time off request if an employee indicates he/she will be traveling to a state that is deemed a high infection state. If an employee travelled to a state that is deemed a high infection rate on or after June 25, 2020 an employee **will not**

be eligible for New York State Paid Sick leave under Executive law 202.45. If an employee provides false or misleading information regarding their travel, it may result into disciplinary action up to including termination.

Working more than two shifts:

Previously employees were not permitted to work more than two (2) consecutive shifts without a break. Temporarily, due to the emergency circumstances, employees will be permitted to work more than two shifts if asked by a supervisor. This must be approved by the Assistant Director of the program or designee.

Required screening at an ACLD site for COVID-19 as per New York State:

Employees and visitors must undergo a health check prior to entering any ACLD facility before the start of a shift. The temperature of each person must be taken and recorded on a designated form if he/she registers 100°F or higher. The person will not be permitted entry to the facility if their temperature registers 100°F or higher, or if a person answer "yes" to any of the pre-screening questions. If an employee is denied entry to the facility, the chain of command must be notified. All employees are advised that if they develop a temperature of 100°F or higher, or any other symptoms of the COVID-19 virus, while on shift they should immediately contact the chain of command and will be instructed to leave the facility.

Medical and other benefits:

Payroll will continue to deduct payment for benefits from a paycheck in order to maintain benefits. If you exhausted your accrued time and you are not receiving a paycheck you will be required to make payments for benefits. These payments will be reflective of the same payroll payments you already participate in through benefit deductions. ACLD will notify you if this applies. Payments are necessary in order to continue benefits. If an employee needs to make payment, it can be sent to Attention: Benefits at 807 S. Oyster Bay Road, Bethpage, NY 11714. Payments can be made by either check or money order and made payable to ACLD. Benefits may be discontinued if payments are not received.

Please note this document is subject to change at any time by Senior Management or a Human Resources Manager. Once this temporary procedure is no longer in effect, the Agency will notify employees.

Cleaning and Disinfecting

Our maintenance team will be responsible for adherence to hygiene and sanitation requirements from the CDC and DOH, which necessitates increased cleaning of our school buildings and the keeping of a daily master cleaning log that will identify all items/areas to be cleaned and the frequency of cleaning for each item/area.

Priority will be given to cleaning commonly touched items throughout our buildings each day, which would include doorknobs, light switches, handles and buttons on watercoolers, microwaves, vending and coffee machines, in addition to other identified high use areas such as the bathrooms and kitchen/staff rooms.

Classroom staff will be responsible to engage in ongoing cleaning and disinfecting of toys and materials, and child sink, tables, class computer/smartboard and bathroom areas throughout each day. An EPA approved COVID-19 cleaner, alcohol-based sanitizer/EPA approved disinfecting wipe or recommended CDC approved bleach solution (4 tsp. per quart of room temperature water) will be used for surface cleaning. Attention will be given to disinfection process not to be done in close proximity to children.

Universal Precautions (hand hygiene, medical grade/food service gloves) will continue to be followed in the diapering and changing process, as well as when serving of food to children. Hand hygiene stations are available for use in our buildings and staff will be provided with alcohol based hand sanitizers and disinfectant wipes (kept out of the reach of children) for use during their workday.

Classroom and therapy materials will be designated for single child use, kept in bins or bags labelled with each child's name, with cleaning and disinfecting completed after each use by staff. Materials that cannot be cleaned and disinfected will not be used.

Children's books are not considered a high risk for transmission and do not need additional cleaning or disinfection procedures.

Therapy equipment will be cleaned and disinfected after each use by a student, by OT/PT/ Motor room assigned staff members.

Carpets will remain in our classrooms and an EPA approved for COVID-19 cleaner made available for daily use as well as periodic shampoo/disinfection by our maintenance team.

A professional cleaning crew will complete a comprehensive daily building cleaning after school hours, using products identified as EPA approved and effective for COVID-19 virus. All classroom/office spaces, hallways, common areas, kitchens, reception areas, bathrooms will be cleaned thoroughly each evening.

Recommendations Summary for routine cleaning and disinfection

- **Read the product label and take appropriate precautions.**

When using cleaning and disinfecting products, always read the product label and follow the manufacturer's directions.

Wear appropriate gloves or other personal protective equipment as Instructed on the product label. Throw away gloves after each cleaning, and wash hands with soap and water for at least 20 seconds; use an alcohol-based hand sanitizer If soap and water are not available.

- **Focus cleaning and disinfection on shared and high-touch surfaces.**

High-touch surfaces and objects vary by location. Examples Include doorknobs, light switches, handrails, kitchen appliances, countertops, drawer handles, tables, sinks, faucet and toilet handles, drinking fountains, elevator buttons, push and pull plates on doors, phones, keys and remote controls.

When cleaning workspaces, cubicles and other office areas, make sure to disinfect frequently touched surfaces and objects, such as desks, chairs, phones, printers, keyboards and computer mice.

Clean restrooms and other common areas frequently.

- **Clean first, then disinfect.**

Clean surfaces with soap or detergent and water (or a cleaning product) first to remove visible dirt and grime. Disinfectants are most effective on dean surfaces and objects.

For hard or non-porous objects (for example, tables, desks, floors, doorknobs and phones), use a disinfectant that Is effective against the virus that causes COVID·19, such as bleach, peroxide or an alcohol-based product. For a list of disinfectants that are approved by the Environmental Protection Agency (EPA) as effective against the virus that causes COV1D·19, visit c.fpub.epa.gov/glwlz/disinfectants/Index.cfm.

If you're disinfecting with a diluted bleach solution, follow the label's instructions for use and be sure to properly ventilate your surroundings. Check the product's expiration date. Add 4 teaspoons of bleach to 1 quart or 1 liter of water. Prepare a new solution dally or as needed. **Never mix household bleach with ammonia or any other cleanser.**

If you're disinfecting with a 70% alcohol solution, wipe the surface or object thoroughly with the solution and let It dry.

For clothing, towels, linens and other Items that go in the laundry, wash at the warmest possible setting with your usual detergent and then dry completely. Do not •hug• or shake dirty laundry before washing to avoid spreading the virus or other dirt and **bacteria.** Laundry from **a** person who Is sick can be washed with other people's Items.

For other soft Items (for example, drapes, upholstered sofas and rugs), follow the manufacturer's Instructions or use a cleaning product specifically for that Item. For example, use a steam cleaner or apply a disinfectant product that Is appropriate forfabrics, according to NYS's 11stofdisinfectants.

Mop heads, cloths and other cleaning tools should be washed with soap and water, and sanitized with an EPA-registered disinfectant or bleach solution and allowed to dry prior to reuse. A new or cleaned and sanitized mop or cloth should be used to dean and disinfect each area.

Cleaning And Disinfecting Your Facility

Everyday Steps, Steps When Someone is Sick, and Considerations for Employers

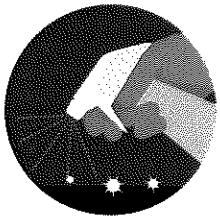
How to clean and disinfect

Wear disposable gloves to clean and disinfect.

Clean

- **Clean surfaces using soap and water.** Practice routine cleaning of frequently touched surfaces.

High touch surfaces include:



Tables, doorknobs, light switches, countertops, handles, desks, phones, keyboards, toilets, faucets, sinks, etc.

Disinfect

- Clean the area or item with soap and water or another detergent if it is dirty. Then, use a household disinfectant.
- **Recommend use of EPA-registered household disinfectant. Follow the instructions on the label** to ensure safe and effective use of the product.

Many products recommend:

- Keeping surface wet for a period of time (see product label).
- Precautions such as wearing gloves and making sure you have good ventilation during use of the product.

- **Diluted household bleach solutions may also be used** if appropriate for the surface. Check to ensure the product is not past its expiration date. Unexpired household bleach will be effective against coronaviruses when properly diluted.

  Follow manufacturer's instructions for application and proper ventilation. Never mix household bleach with ammonia or any other cleanser.

  Leave solution on the surface for **at least 1 minute**

  Bleach solutions will be **effective** for disinfection **up to 24 hours.**

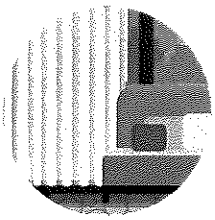
  To make a bleach solution, mix:

  - 5 tablespoons (1/3rd cup) bleach per gallon of water

    OR

  - 4 teaspoons bleach per quart of water

- **Alcohol solutions with at least 70% alcohol.**



Soft surfaces

For soft surfaces such as **carpeted floor, rugs, and drapes**

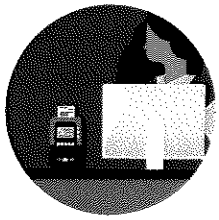
- **Clean the surface using soap and water** or with cleaners appropriate for use on these surfaces.

- **Launder items** (if possible) according to the manufacturer's instructions. Use the warmest appropriate water setting and dry items completely.

OR

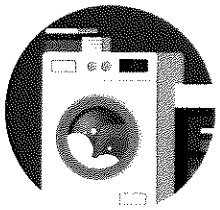
- **Disinfect with an EPA-registered household disinfectant.** These disinfectants meet EPA's criteria for use against COVID-19.

Electronics



- For electronics, such as **tablets, touch screens, keyboards, remote controls, and ATM machines**
- Consider putting a **wipeable** cover on electronics.
- **Follow manufacturer's instruction** for cleaning and dinfecting.
  - If no guidance, **use alcohol-based wipes or sprays containing at least 70% alcohol**. Dry surface thoroughly.

Laundry

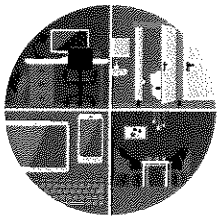


For clothing, towels, linens and other items

- Launder items according to the manufacturer's instructions. Use the **warmest appropriate water setting** and dry items completely.
- **Wear disposable gloves** when handling dirty laundry from a person who is sick.
- Dirty laundry from a person who is sick **can be washed with other people's items**.
- **Do not shake** dirty laundry.
- Clean and **disinfect clothes hampers** according to guidance above for surfaces.
- **Remove gloves,** and wash hands right away.

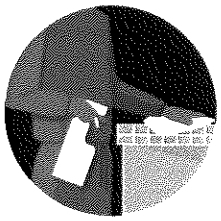
Cleaning and disinfecting your building or facility if someone is sick

- **Close off areas** used by the person who is sick.



- **Open outside doors and windows** to increase air circulation in the area. **Wait 24 hours** before you clean or disinfect. If 24 hours is not feasible, wait as long as possible.
- 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 ATM machines.
- If **more than 7 days** since the person who is sick visited or used the facility, additional cleaning and disinfection is not necessary.
  - Continue routing cleaning and disinfection.

When cleaning



- **Wear disposable gloves and gowns for all tasks in the cleaning process, including handling trash.**
  - Additional personal protective equipment (PPE) might be required based on the cleaning/disinfectant products being used and whether there is a risk of splash.
  - Gloves and gowns should be removed carefully to avoid contamination of the wearer and the surrounding area.
- **Wash your hands often** with soap and water for 20 seconds.
  - Always wash immediately after removing gloves and after contact with a person who is sick.

- Hand sanitizer: If soap and water are not available and hands are not visibly dirty, an alcohol-based hand sanitizer that contains at least 60% alcohol may be used. However, if hands are visibly dirty, always wash hands with soap and water.

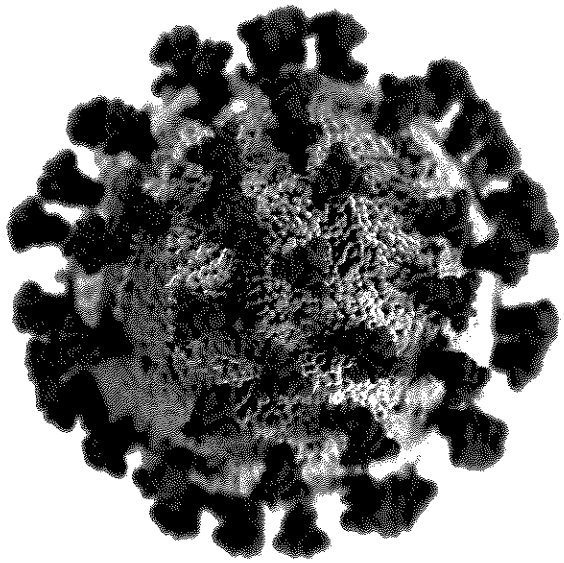
- **Additional key times to wash hands** include:
  - After blowing one's nose, coughing, or sneezing.
  - After using the restroom.
  - Before eating or preparing food.
  - After contact with animals or pets.
  - Before and after providing routine care for another person who needs assistance (e.g., a child).

Additional Considerations for Employers

- **Educate workers** performing cleaning, laundry, and trash pick-up to recognize the symptoms of COVID-19.
- Provide instructions **on what to do if they develop symptoms within 14 days** after their last possible exposure to the virus.
- Develop **policies for worker protection and provide training** to all cleaning staff on site prior to providing cleaning tasks.
  - Training should include when to use PPE, what PPE is necessary, how to properly don (put on), use, and doff (take off) PPE, and how to properly dispose of PPE.
- Ensure workers are **trained on the hazards of the cleaning chemicals** used in the workplace in accordance with OSHA's Hazard Communication standard (29 CFR 1910.1200).
- **Comply** with OSHA's standards on Bloodborne Pathogens (29 CFR 1910.1030), including proper disposal of regulated waste, and PPE (29 CFR 1910.132).

For facilities that house people overnight:

- Follow CDC's guidance for colleges and universities. Work with state and local health officials to determine the best way to isolate people who are sick and if temporary housing is needed.
- For guidance on cleaning and disinfecting the bedroom/bathroom for someone who is sick, review CDC's guidance on disinfecting your home if someone is sick.



JohnsonDiversey
Clean is just the beginning

Oxivir Five 16 Concentrate (US)

HMIS		NFPA	Personal protective equipment
Health	2	2	
Fire Hazard	0	0	
Reactivity	0	0	

Version Number: 5 *Preparation date: 2009-09-23*

1. PRODUCT AND COMPANY IDENTIFICATION

Product name: Oxivir Five 16 Concentrate (US)

MSDS #: MS0200107
Product Code: 4963314, 4963331, 4963357, 5019296, 5271361, 5285287
Recommended use: Industrial/Institutional. Disinfectant Cleaner. This product is intended to be diluted prior to use.

Manufacturer, importer, supplier:
US Headquarters
JohnsonDiversey, Inc.
8310 16th St.
Sturtevant, Wisconsin 53177-1964
Phone: 1-888-352-2249
MSDS Internet Address:
www.johnsondiversey.com

Emergency telephone number: 1-800-851-7145 (U.S.); 1-651-917-6133 (Int'l)

2. HAZARDS IDENTIFICATION

EMERGENCY OVERVIEW
CAUTION. CAUSES EYE IRRITATION. MAY BE MILDLY IRRITATING TO SKIN. MAY BE HARMFUL IF SWALLOWED.

Principle routes of exposure: Eye contact. Skin contact. Inhalation. Ingestion.
Eye contact: Moderately irritating to the eyes.
Skin contact: May be mildly irritating to skin.
Inhalation: None known.
Ingestion: May be irritating to mouth, throat and stomach.

3. COMPOSITION/INFORMATION ON INGREDIENTS

Hazardous ingredients

Ingredient(s)	CAS #	Weight %	LD50 Oral - Rat (mg/kg)	LD50 Dermal - Rabbit	LC50 Inhalation - Rat
Phosphoric acid	7664-38-2	1 - 5%	1530	2730 mg/kg	>850 mg/m³ (1 h)
Hydrogen peroxide	7722-84-1	1 - 5%	801	=2000 mg/kg	2 mg/L (4 h)
2-Hydroxybenzoic Acid	69-72-7	0.1 - 1.5%	891	Not available	>0.9 mg/L (1 h)

4. FIRST AID MEASURES

Eye contact: Hold eye open and rinse slowly and gently with water for 15-20 minutes. Remove contact lenses, if present, after the first 5 minutes, then continue rinsing eyes. Get medical attention immediately.
Skin contact: Take off contaminated clothing. Rinse skin immediately with plenty of water for 15-20 minutes. If irritation persists, get medical attention.
Inhalation: If breathing is affected, remove to fresh air. Get medical attention immediately.
Ingestion: Call medical attendant, doctor, or poison control center immediately. Have person sip a glass of water if able to swallow. Do not induce vomiting unless told to do so by a poison control center or doctor. Never give anything by mouth to an unconscious person.
Notes to physician: Probable mucosal damage may contraindicate the use of gastric lavage.
Aggravated Medical Conditions: None known.

5. FIRE-FIGHTING MEASURES

Suitable extinguishing media: The product is not flammable. Extinguish fire using agent suitable for surrounding fire.
Specific hazards: Not applicable
Unusual hazards: Decomposition releases oxygen, which may intensify fire.
Specific methods: No special methods required

Special protective equipment for firefighters: As in any fire, wear self-contained breathing apparatus pressure-demand, MSHA/NIOSH (approved or equivalent) and full protective gear

5. FIRE-FIGHTING MEASURES

Extinguishing media which must not be used for safety reasons: No information available

6. ACCIDENTAL RELEASE MEASURES

Personal precautions: Put on appropriate personal protective equipment (see Section 8.).

Environmental precautions and clean-up methods: Use appropriate containment to avoid environmental contamination. Soak up with inert absorbent material. Sweep up and shovel into suitable containers for disposal. Keep in suitable and closed containers for disposal. Use a water rinse for final clean-up.

7. HANDLING AND STORAGE

Handling:
Avoid contact with skin, eyes and clothing. Do not taste or swallow. Avoid breathing vapors or mists. Use only with adequate ventilation. Remove and wash contaminated clothing and footwear before re-use. Wash thoroughly after handling. FOR COMMERCIAL AND INDUSTRIAL USE ONLY.

Storage:
Protect from freezing. Keep tightly closed in a dry, cool and well-ventilated place. KEEP OUT OF REACH OF CHILDREN.

8. EXPOSURE CONTROLS / PERSONAL PROTECTION

Engineering measures to reduce exposure:
General room ventilation is adequate.

Personal Protective Equipment

Eye protection: Chemical-splash goggles.
Hand protection: No special requirements under normal use conditions
Skin and body protection: No special requirements under normal use conditions
Respiratory protection: No special requirements under normal use conditions
Hygiene measures: Handle in accordance with good industrial hygiene and safety practice

Ingredient(s)	CAS #	ACGIH	OSHA	Mexico
Phosphoric acid	7664-38-2	3 mg/m³ (STEL) 1 mg/m³ (TWA)	1 mg/m³ (TWA)	3 mg/m³ (STEL) 1 mg/m³ (TWA)
Hydrogen peroxide	7722-84-1	1 ppm (TWA)	1 ppm (TWA) 1.4 mg/m³ (TWA)	2 ppm (STEL) 3 mg/m³ (STEL) 1.5 mg/m³ (TWA) 1 ppm (TWA)

9. PHYSICAL AND CHEMICAL PROPERTIES

Physical State: Liquid
pH: 1.0
Appearance: Aqueous solution
Color: Colorless
Odor: Characteristic
Specific gravity: 1.038
Density: 8.65 lbs/gal Kg/L
VOC: 8 % *
Flash point: >200°F >93.4°C
Solubility: Completely Soluble
Viscosity: No information available

Bulk density: No information available
Dilution pH: 1.9 @ 1:16
Vapor density: No information available
Evaporation Rate No information available
Boiling point/range: Not determined
Melting point/range: Not determined
Decomposition temperature: Not determined
Autoignition temperature: No information available
Partition coefficient (n-octanol/water): No information available
Solubility in other solvents: No information available
Elemental Phosphorus: 1.314% by wt.

Explosion limits: - lower: Not determined- **upper:** Not determined

* - Title 17, California Code of Regulations, Division 3, Chapter 1, Subchapter 8.5, Article 2, Consumer Products, Sections 94508

10. STABILITY AND REACTIVITY

Stability: The product is stable
Polymerization: Hazardous polymerization does not occur
Hazardous decomposition products: Oxygen.
Materials to avoid: Oxidising agents.
Conditions to avoid: Do not freeze.

11. TOXICOLOGICAL INFORMATION

Acute toxicity: Oral LD50 estimated to be greater than 5000 mg/kg. Dermal LD50 estimated to be > 2000 mg/kg
Component Information: See Section 3

Chronic toxicity: None known

Specific effects

11. TOXICOLOGICAL INFORMATION

Carcinogenic effects: None known
Mutagenic effects: None known
Reproductive toxicity: None known
Target organ effects: None known

Hazardous ingredients

Ingredient(s)	CAS #	NTP	IARC	OSHA
Hydrogen peroxide	7722-84-1		3	

12. ECOLOGICAL INFORMATION

Environmental Information: Do not discharge effluent containing this product into lakes, streams, ponds, estuaries, oceans or other waters unless in accordance with the requirements of a National Pollutant Discharge Elimination System (NPDES) permit and the permitting authority has been notified in writing prior to discharge. Do not discharge effluent containing this product to sewer systems without previously notifying the local sewage treatment plant authority.

13. DISPOSAL CONSIDERATIONS

Do not contaminate water, food, or feed by storage or disposal

Pesticide Storage:
Do not reuse empty container. Keep from freezing.

Pesticide Disposal:
Pesticide wastes are acutely hazardous. Improper disposal of excess pesticide, spray mixture, or rinsate is a violation of Federal Law. If these wastes cannot be disposed of by use according to label instructions, contact your State Pesticide or Environmental Control Agency or the Hazardous Waste representative at the nearest EPA Regional Office for guidance.

Container Disposal:
Triple rinse (or equivalent). Then offer for recycling or reconditioning, or puncture and dispose of in a sanitary landfill, or incinerate, or, if allowed by State and local authorities burn. If burned, stay out of smoke.
RCRA Hazard Class: D002

14. TRANSPORT INFORMATION

DOT/TDG: Please refer to the Bill of Lading/receiving documents for up to date shipping information

15. REGULATORY INFORMATION

International Inventories
All components of this product are listed on the following inventories: U.S.A. (TSCA).

U.S. Regulations
EPA Reg. No.: 70627-58
California Proposition 65: This product is not subject to the reporting requirements under California's Proposition 65

CERCLA/ SARA

Ingredient(s)	CAS #	Weight %	CERCLA/SARA RQ (lbs)	Section 302 TPQ (lbs)	Section 313
Phosphoric acid	7664-38-2	1 - 5%	5000		
Hydrogen peroxide	7722-84-1	1 - 5%		1000	

SARA 311/312 Hazard Categories

Immediate: x
Delayed: -
Fire: -
Reactivity: -
Sudden Release of Pressure: -

16. OTHER INFORMATION

Reason for revision: Not applicable
Prepared by: NAPRAC
Additional advice: None

Notice to Reader: This document has been prepared using data from sources considered technically reliable. It does not constitute a warranty, express or implied, as to the accuracy of the information contained within. Actual conditions of use and handling are beyond seller's control. User is responsible to evaluate all available information when using product for any particular use and to comply with all Federal, State, Provincial and Local laws and regulations.

ACLD

BUILDING - _____

REVIEWED BY & DATE: _____

BUILDING & BATHROOM CLEANING LOG

LOG MUST BE COMPLETED AFTER EACH CLEANING. CLEANING SHOULD BE DONE MID MORNING, AFTER LUNCH AND END OF DAY. (END OF DAY WILL BE COMPLETED BY AN ACLD CLEANING CREW STAFF MEMBER.

Date	ENTER TIME FOR EACH CLEANING - 3 TIMES A DAY IN TOTAL	FLOORS W=WASHED S=SWEPT V=VACUUMED	TOILETS	SINKS & DISPENSERS	GLASS ENTRYWAY DOORS	ENTRYWAY DOOR HANDLES/BARS & ALL HALLWAY DOOR KNOBS & LIGHT SWITCHES	RECEPTION AREA COUNTERTOPS & TABLES	ALL MEETING ROOM TABLES & CHAIRS	CLEANED BY(NAME)

ACLD

BUILDING - _____

REVIEWED BY & DATE: _____

KITCHEN/STAFF LOUNGE CLEANING LOG

LOG MUST BE COMPLETED AFTER EACH CLEANING. CLEANING SHOULD BE DONE MID MORNING, AFTER LUNCH AND END OF DAY. (END OF DAY WILL BE COMPLETED BY AN ACLD CLEANING CREW STAFF MEMBER.

Date	ENTER TIME FOR EACH CLEANING - 3 TIMES A DAY IN TOTAL	FLOORS W-Washed S=Swept	KITCHEN COUNTERS & LOUNGE TABLES& CHAIRS	SINKS	COFFEE MACHINE & WATER DISPENSER	DOOR KNOBS/HANDLES	APPLIANCES (REFRIGERATORS, STOVE & MICROWAVES)	CLEANED BY(NAME)

ACL ACLD

BUILDING - _____

COVID-19 EMPLOYEES & VISITOR HEALTH CHECK

Please reference the ACLD guidance for screening of COVID-19. Employees and visitors must undergo a health check prior to entering any ACLD facility before the start of a shift. The temperature of each person must be recorded on the form if he/she registers 100°F or higher. The person will not be permitted entry to the facility and the chain of command must be notified. All employees are advised that if they develop a temperature of 100°F or higher, or any other symptoms of the COVID-19 virus, while on shift they should immediately contact the chain of command and will be instructed to leave the facility. As per the CDC **Symptoms of the COVID-19 virus include fever or chills, dry cough, new loss of taste or smell, sore throat, congestion or runnynose, nausea/vomiting/diarrhea, and shortness of breath.**

DATE	TIME IN	TIME OUT	FULL NAME	VISITOR (If visitor document from where) Specific Reason for Visit	Record temp if 100 degrees or higher. Check mark otherwise.	Have you had multiple COVID-19 symptoms in the past 14 days?	Have you tested positive for COVID19 test in past 14 days?	Have you been in close contact w/confirmed case of COVID-19 or someone who is symptomatic in past 14 days/?	Check Conducted by

Parent Acknowledgement and Agreement to follow Policies and Procedures necessitated by COVID-19.

I agree to have my child attend in-person school program when they are well, and symptom free without the use of fever reducing medication.

If my child or anyone living within my household is suspected of or has been confirmed to have Covid- 19, I understand that NYS Department of Health guidelines must be complied with prior to the return of my child to school.

I agree to contact the ACLD School Nurse or a School Administrator to inform of any positive or suspected case in my household.

I will contact my healthcare provider and follow instructions for any of the following symptoms:

Fever 100 or higher

Chills

New cough of any type/shortness of breath

Muscle/body aches

Headache

Sore throat

Nasal congestion or runny nose

Gastro-intestinal issues (nausea/vomiting/diarrhea/stomachache)

Rash

Fatigue/overly tired

New loss of taste or smell

I understand that a "Return to School" note from my child's Healthcare Provider may be required for a return to school, as necessitated by NYS DOH and/or determined by the ACLD school nurse/administration.

I certify and acknowledge that I have read and understand COVID-19 Policy and agree to the terms listed above.

Signature_____

Print Name_____Date_____

Children's Programs

Kramer Learning Center
1428 Fifth Avenue
Bay Shore, NY 11706
Phone: (631) 665-1900 Fax: (631) 665-1377

Spiegel Children's Center
67 Greenwood Road
Bay Shore, NY 11706
Phone: (631) 647-9577 Fax: (631) 647-9585

Employee Acknowledgement and Agreement to follow Procedures necessitated by COVID-19

Signature: _____

Print Name: _____

Date: _____