

**Saint Gregory the Great School
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Harrison, New York 10528
(914-835-1278)**

Saint Gregory the Great Early Childhood Enrichment Center is excited to open its doors for the New Academic Year. It is our goal to allow “in person” schooling while maintaining to the greatest extent possible the utmost health, safety, and care for our children and staff returning to our school building. This would include adhering to proper faculty/student ratios, social distancing norms and joint parent/school cooperation. We remain faithful in setting the stage for a re-imagined fall opening dedicated to the continuity of excellence and education, which are the hallmarks of St. Gregory the Great Early Childhood Enrichment Program.

It is the priority of our school staff and myself to develop a plan for our preschool that meets the needs of our school community, while taking into account all the guidelines and mandates from:

- **Office of Children and Family Services Regulations – January 6, 2021**
- **Guidelines from the Center for Disease Control**
- **New York State Department of Health – Interim Guidance for Child Care During the COVID-19 Public Health Emergency – June 7, 2021**
- **COVID-19 Guidance for Operating Early Care and Education/Childcare – July 9, 2021**
- **The American Academy of Pediatrics Statement – July 18th**

The COVID-19 situation is rapidly evolving as is our understanding of this new virus and its variants. All of the information presented here is based on our best knowledge as of July 29, 2021.

- **The CDC still strongly recommends unvaccinated persons to continue to mask indoors. Similarly, masks remain a strong recommendation for children in child care centers when indoors.**
- **Child care programs are free to continue to adhere to the archived NYSDOH Interim Guidance for Child Care June 7, 2021 or implement other precautions for staff and children such as requiring masks, cohorting, social distance, however, they are not required to.**
- **More children are becoming ill with the Delta Variant compared to the original COVID 19 Virus. They can get ill and spread the virus to others.**

Section I Strategies Prevention to Reduce Transmission of COVID-19 in Child Care Programs

- **We urge everyone who is eligible to receive the COVID-19 vaccine. It is the best way to prevent the spread of the virus. A full vaccinated community protects the children 11 years of age and younger who cannot receive the vaccine.**
- **Employers can legally require all of their staff to be vaccinated as a condition of employment or require a weekly PCR COVID TEST.**
 - *Fully vaccinated staff do not need to distance from one another
 - *Do not have to wear a mask when with other fully vaccinated people
- **New variants of the virus that causes COVID-19 are spreading in the United States. Current data suggests that COVID-19 vaccines authorized for use in the United States provide protection against the circulating variants.**

Physical Distancing

Maintaining physical distance is often not feasible in an early childhood educational setting, especially during activities (toileting, holding, comforting, etc.) When it is not possible to maintain physical distance in early childhood educational settings, it is especially important to follow multiply prevention strategies, such as:

- **Cohorting**
- **Improved Ventilation**
- **Hand Washing - frequent and thorough hand hygiene for both staff and children**
- **Covering coughs and sneezes**
- **Regular cleaning to help reduce transmission risks**

Whenever a child is soiled with secretions, change the child's clothes and, as necessary wash the child's hands or arms. Children in childcare should have multiple changes of clothing available. We recommend three changes of clothing.

Stable Static Groups/Pods/Cohorting

- **Keeping children and staff in a group that does not have contact with others is a way to limit the spread of COVID-19 in a childcare program.**
- **The Center for Disease Control recommends that if possible: Groups should include the same children each day, and the same caregivers should remain with the same group of children each day as much as possible.**
- **Limit mixing between groups such that there is minimal or no interaction between groups or cohorts.**

Capacity

The maximum occupancy of any indoor area is limited to the capacity set by licensing standards for the childcare program.

Programs must follow the licensed capacity for the program in each classroom. The three year old ratio is 1:7, the four year old ratio is 1.8. We hope to maintain a capacity of 15 children in a classroom during the Pandemic. The capacity is based on square footage and the age of the children in each room. The number of staff needed per number of students is based on the modality of the program and the age of the children. Being out of ratio is a severe violation.

Ventilation:

Programs must follow this OCFS Regulation:

- **A temperature of at least 68 degrees Fahrenheit must be maintained in all rooms occupied by teachers.**
- **The Center for Disease Control states: Improving ventilation is an important COVID-19 prevention strategy that reduce the numerous particles in the air...This can be done by opening multiple doors and windows, using child safety precautions and the increase the effectiveness of open windows.**

Hand Washing:

Programs must practice hand washing and respiratory etiquette

(cover cough and sneezes) to keep from getting and spreading infectious diseases including COVID=19.

- **Soap and water is always preferable for children.**
- **Hand Sanitizer can only be used on clean hands and by children over the age of 12.**
- **Staff and volunteers must thoroughly wash their hands with soap and running water at the start of each day, before and after administration of medications, when they are dirty, after assisting children with toileting, before and after food handling or**

eating, touching pets or other animals, after contact with any bodily secretion or fluid, and after coming in from outdoors.

- **Staff and volunteers must ensure that children thoroughly wash their hands or assist children in thoroughly washing their hands with soap and running water when they are dirty, after toileting, before and after food handling and eating, after handling pets or other animals, after contact with any bodily secretion fluids, and after coming in from outdoors.**
- **Staff must assist children in keeping clean and comfortable, and in learning appropriate personal practices.**
- **When soap and running water is not available, hand sanitizer may be used by children, and staff to visibly clean hands. Package directions must be followed including supervision of children.**

Cleaning and Disinfecting

Programs must follow these OCFS Regulations 1.11

- **(6) All rooms, equipment, surfaces, supplies, and furnishings accessible to children must be cleaned and then sanitized or disinfected using EPA registered products, as needed to protect the children, and in a manner consistent with the program's health care plan approved by OCFS.**
- **(7) Equipment that is frequently used or touched by children on a daily basis needs to be cleaned and then sanitized or disinfected, using an EPA registered product when soiled.**
- **(13) Thermometers and toys mouthed by children must be washed and disinfected using an EPA registered product following label directions for that purpose before use by another child.**

In OCFS Health Care Plan

Appendix E: Cleaning, Sanitizing and Disinfecting

Equipment, toys, and objects used or touched by children will be cleaned and sanitized as follows:

- **Equipment that is frequently used or touched by children daily must be cleaned and then sanitized using an EPA registered product, when soiled at least once a week.**
- **Carpets contaminated with blood or bodily fluids must be spot cleaned.**
- **Countertops, tables, and food preparation surfaces must be cleaned before and after food preparation and eating.**
- **Toilet facilities must always be kept clean, and supplied with toilet paper, soap and towels for the children.**
- **All rooms, equipment, surfaces, supplies and furnishings accessible to children must be cleaned and sanitized or disinfected, using EPA registered products following label directions for that purpose to protect the health of the children.**
- **The CDC now believes that the risk of contracting COVID-19 from surfaces is low and says that, “In general, cleaning once a day is usually enough to sufficiently remove potential viruses that may be on surfaces.”**
- **BUT CLEANING MORE THAN THE LUNCH TABLES IS ESSENTIAL!**
- **Playgrounds DO NOT have to be disinfected. Programs can continue to wipe down high-touch surfaces – hand rails, etc. between groups.**

Bleach/Water Solution Ratios:

Programs may use the bleach/water ratios in the standard OCFS health care regulations or continue to use the stronger solutions. If we continue to use the stronger solutions it must be in our health care plan. Bleach Solutions must be made fresh every day.

OCFS Health Care Plan (pre COVID-19)

- **Food contact surfaces/toys/materials: ½ teaspoon of bleach to 1 quart of water**
- **Surfaces contaminated with blood or bodily fluids: 1 Tablespoon of bleach to 1 quart of water.**
- **Sanitizing mouthed toys: 1 teaspoon of bleach to 1 gallon of water. We will be using the stronger solution for disinfecting.**

CDC/DOH Interim Guidance of Child Care in COVID-19

- **Food contact surfaces/toys/materials: 4 teaspoons of bleach to 1 quart of water**
- **Surfaces contaminated with blood or bodily fluids: 4 teaspoons of bleach to 1 quart of water**
- **Sanitizing mouthed toys: 1 Tablespoon of Bleach to 1 gallon of water**

Screening:

COVID-19 screening questions must be part of the Daily Health check

Programs must follow the OCFS regulations:

1.1 (c) (2) The health care plan must describe the following:

- **(i) How a daily health check of each child for any indication of illness or maltreatment will be conducted and documented;**
- **(ii) How a record of each child's illnesses, injuries and signs of suspicious maltreatment will be maintained;**

The Daily Health Check/screening should include:

- **Fever (temperature 100.4 F or higher)**
- **Sore Throat**
- **New Uncontrolled cough that causes difficulty breathing (for a child with a chronic allergic/asthmatic cough, see if there is a change from their usual cough**

- **Diarrhea, vomiting, or stomachache**
- **New onset of severe headache, especially with a fever**
- **Children with any chronic health conditions will need a physician's note confirming that condition.**

Screening:

In the OCFS Daily Health Plan:

- **A daily health check will be done on each child when he/she arrives at the program and whenever a change in the child's behavior and/or appearance is noted. Child must be awake when the check is done.**
- **Both unvaccinated and fully vaccinated staff must get tested if they are symptomatic.**
- **Families must speak with their child's health care provider to determine if their child should be tested.**

Staying Home When Sick:

- **Staying home when sick with COVID-19 is essential to keep COVID-19 infections out of programs to others. Families are encouraged to be on the alert for signs of illness in their children and to keep them home when they are sick.**
- **The overlap between COVID-19 symptoms with other common illnesses means that some people with COVID-19 symptoms could be ill with something else. This is an event more likely in children, who typically have illnesses each year. Although COVID-19, colds, and flu illnesses have similar symptoms, they are different. Children who have symptoms of infectious illness or certain symptoms of COVID-19 should not attend the program.**
- **The length of time a child should stay out of child care depends on whether the child has COVID-19 or other illnesses. The child/staff may return 24 hours after symptoms and fever are mitigated without fever-reducing medications. In most instances**

those who have COVID-19 cannot be around others for ten days since the symptoms first appeared.

Visitors:

The program limits contact with visitors who are not vaccinated. We will follow OCFS Regulations regarding parent accessibility to children. EI/CPSE specialists will be allowed to work with children. Anyone coming into the program/activities must be fully vaccinated or have a weekly PCR COVID test and provide proof of testing.

Programs must follow these OCFS Regulations:

(8) The parent of a child receiving care must have:

- **(i) Unlimited and on demand access to such child**
- **(ii) The right to inspect all parts of the building used for child day care which can cause a hazard to the health and safety of the child whenever the parent requests at any time during the hours of operation of the center.**
- **(iii) Unlimited and on demand access to the director and teachers during normal hours of operation**
- **(iv) Unlimited and on demand access to written records concerning such child**

Exposures/Positive Cases:

CDC Close Contacts of Persons with COVID-19

- **Children and unvaccinated staff who had close contact with someone who has a (suspected or confirmed) COVID-19 should stay home (quarantine) 5 days after their last exposure to that person. The day of contact is day #0. Close contact is defined as 3 feet away from an infected person for a cumulative total of 15 minutes or more for a 24 hour period.**

- **People who are fully vaccinated and do not have COVID-19 symptoms do not need to get tested after exposure to someone with COVID-19. They do not need to quarantine.**
- **Westchester Department of Health – Report cases as well as to your program licensor/registrar.**

Positive Cases:

- **Report positive cases of children and staff (not family members) and be directed as to what actions they must take in the program (i.e. cleaning a room/program)**
- **Infected person will quarantined for 5 days**
- **Close off areas used by sick person and do not use these areas until after cleaning and disinfecting them; this includes surfaces or shared objects in the area, if applicable. Wait at least 24 hours before cleaning and disinfecting. If 24 hours is not feasible, wait as long as possible and increase ventilation in the area.**

Exposure to a Positive Case of COVID-19

- **Report a program exposure to a positive case to the WCDOH. Programs will be directed as to what actions they must take in their program (i.e. closing a room/program)**
- **The exposed children and/or staff person will quarantine for 5 days.**
- **Fully vaccinated staff do not have to quarantine if they are symptom free.**
- **Close all areas used by sick person and do not use these areas until after cleaning and disinfecting them; this includes surfaces or shared objects in the area. If applicable wait at least 24 hours before cleaning and disinfecting. If 24 hours is not feasible, wait as long as possible and increase ventilation in the area.**
- **Westchester County Department of Health # 914-813-7000**

Section 2: Caring for Children

Physical Distancing – Children

- **Children should be several feet apart at all times. However, this is not feasible and does not support children’s development.**
- **There are health and safety and programmatic procedures that programs should take to reduce the spread of the virus.**
- **Since the virus is spread by droplets, children should avoid having their faces close together. Space children so that they are not next to other children without having their faces close to each other.**
 - *Cohorts/pods reduce the number of children who have contact with each other**
 - *Since the virus is spread by droplets, children should avoid having their faces close together. Children can play next to other children without being “on top of them.”**
 - *Have children wash their hands frequently.**
 - *When napping, if possible, keep children 6 feet apart. Have children lying down with head to toes/toes to head.**

Toys and Materials:

1.7 (c) Each program must provide a sufficient quantity and variety of materials and play equipment appropriate to the ages of the children and their developmental levels and interests, including children with developmental delays or disabilities, which promote the children’s cognitive, educational, social, cultural, physical, emotional, language and recreational development.

Suggestions:

- **A Cozy Corner/Reading area is important. Children need soft surfaces, easily cleaned, and a quiet space to read and relax. Books do not pass the virus.**

- **Circle Time/Story Time – limit times that children are sitting close together for demonstrations and discussions.**
- **Small Group Work – Divide the group for discussions and demonstrations/projects**
- **Do not use materials that are difficult to keep sanitary – stuffed animals, dress-up clothes, generic pants, skirts, dresses shirts, vests, jackets, etc. that do not go over a head to be put on and can be easily and frequently laundered**
- **Do not use toys or materials to plan activities that have children putting their faces close to one another.**
 - *Indoor Sand Tables
 - *Indoor Water Tables

Meals and Snacks – CDC Guidelines

- **When possible consider spacing children around tables so that there is room between them.**
- **Given very low risk of transmission from food, food packaging, surfaces, and shared objects, there is no need to limit food operations.**
- ***Clean frequently touched surfaces. Surfaces that come in contact with food should be washed and sanitized before and after meals. Using the higher bleach to water ratio will be used.**

Playgrounds and Physically Active Play

In general, children and adults do not need to wear masks when outdoors (e.i., participating in outdoor play, recess, and physical education activities.

However in areas of substantial to high transmission levels, people who are not fully vaccinated are encouraged to wear a mask in crowded outdoor settings or during activities that involve sustained close contact with other people who are not fully vaccinated.

Programs must follow these OCFS regulations:

1.7 (a) (I) There must be physical activity, appropriate to the ages of the children in care every day.

1.7 (k) Daily supervised outdoor play is required for all children in care, except during inclement or extreme weather or unless otherwise ordered by a health care provider. Parents may request and programs may permit children to remain indoors during outdoor play time so long as such children will be supervised in accordance with section 418-1.8.

CAPACITY/RATIOS

CAPACITY – TOTAL PROGRAM – 167 PRESCHOOLERS 21 SCHOOL AGE CHILDREN – TOTAL 188

CAPACITY/GROUP SIZE – CLASSROOM – CENTER

- **7 CLASSES – 18**
- **2 CLASSES – 21**
- **PRESENTLY DURING THE COVID – 19 PANDEMIC WE ARE TRYING TO KEEP GROUP SIZE TO 15 CHILDREN PER CLASS**

STAFF/CHILD RATIOS

- **THREE YEAR OLD PROGRAM 1:7**
- **FOUR YEAR OLD PROGRAM 1:8**