

**Institute for Child Development**  
Children's Unit for Treatment & Evaluation  
Binghamton Regional Center for Autism Spectrum Disorders  
Child & Adolescent Diagnostic & Consultation Clinic

COVID-19 Policies & Procedures Handbook and Reopening Plan<sup>1</sup>

1/18/22

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<sup>1</sup> The COVID-19 related policies and procedures contained within this document are directly taken from those of Binghamton University (<https://www.binghamton.edu/restarting-binghamton/index.html>), the NYS Department of Health ([https://coronavirus.health.ny.gov/system/files/documents/2020/06/doh\\_special\\_education\\_guidance.pdf](https://coronavirus.health.ny.gov/system/files/documents/2020/06/doh_special_education_guidance.pdf); [https://www.governor.ny.gov/sites/governor.ny.gov/files/atoms/files/Pre-K\\_to\\_Grade\\_12\\_Schools\\_MasterGuidance.pdf](https://www.governor.ny.gov/sites/governor.ny.gov/files/atoms/files/Pre-K_to_Grade_12_Schools_MasterGuidance.pdf)), and the New York State Education Department (<http://www.nysed.gov/common/nysed/files/programs/reopening-schools/nys-p12-school-reopening-guidance.pdf>). Policies and procedures may change due to changes in guidance from DOH, NYSED, and BU.

## ICD COVID-19 Handbook Table of Contents

Preamble.....	page 3
Guiding Principles of This Handbook .....	page 5
• What is COVID-19 and where are COVID-19 testing sites near ICD	
• Preparation to open	
Staff-specific Policies and Procedures.....	page 8
• Symptom monitoring and COVID-19 symptoms	
- <i>Daily staff health questionnaires (ICD) &amp; Temperature check upon arrival</i>	
- <i>Protocol for illness, attendance policy waiver, and proactive HR contact and guidance</i>	
- <i>On-campus surveillance testing, exemption, and vaccination reporting</i>	
• Personal protective equipment (PPE) & Hygiene	
• Custodial services, cleaning, and disinfection	
• Social distancing efforts	
• Mental health resources	
Student/Child-specific Policies and Procedures .....	page 14
• Symptom monitoring and COVID-19 symptoms	
- <i>Daily child health questionnaire (ICD) &amp; Temperature check upon arrival</i>	
• Arrival and departure procedures	
• Personal protective equipment (PPE) & Hygiene	
• Instructional Spaces & Social distancing, including classroom organization and policies	
• Fire drills and active shooter drills	
• Transportation	
• Food services	
• Mental health, behavioral, and emotional support services and programs’	
• Communication	
• Services and Continuity of Instruction (including data collection information)	
• Attendance	
• Technology and connectivity	
ICD Visitor Policies and Procedures .....	page 23
• Essential vs. Nonessential visitors	
• Mandated daily visitor health questionnaire (ICD) & Temperature check upon arrival	
ICD Critical Response Policy.....	page 24
• Preventative measures	
- <i>Quarantine, staff/student illness, required documentation for quarantine and release, required documentation for isolation and release</i>	
• Contact tracing	
• ICD closure – Suspension of all services	
• Conditions for immediate transition to virtual services	
• Human resources information for staff	
• Critical staff list	
• Quick links for frequently used Google forms for staff	
Appendices.....	page 37

## PREAMBLE

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On July 13<sup>th</sup>, 2020, the New York State Department of Health released the *Interim Guidance for In-person Instruction at Pre-K to Grade 12 Schools during the COVID-19 Public Health Emergency*. The New York State Education Department subsequently released *Recovering, Rebuilding, and Renewing: The Spirit of New York Schools Reopening Guidance* on July 16<sup>th</sup>, 2020. These guidelines provide specific parameters for the requirements that must be upheld by all schools, including private special education schools, for the 2020-2021 school year beginning in September 2020. The guidance emphasizes that in-person instruction should be prioritized but that programs also should prepare to deliver virtual and hybrid (combinations of in-person and virtual services) throughout the school year. Notation is also made that if any health and safety information in NYSED guides conflicts with that provided by NYSDOH, the NYSDOH guidelines apply. As additional guidance is made available from NYSED and NYSDOH, we will update this handbook accordingly.

Our first handbook was created and circulated 6/14/20 and revised 6/25/20 as related to prior guidance from the governor's office:

- On June 5, 2020, Governor Andrew Cuomo issued an executive order for in-person services for special education. Such services were approved for the summer term starting 7/6/20.
- Please also refer to statement from NYSDOH (June 8, 2020)
  - “This interim advisory is provided to inform in-person special education services and instruction while helping to protect against the spread of COVID-19 as in-person education has been authorized for this specific purpose. The guidance referenced in this advisory represents minimum requirements and any district or school may provide additional precautions or increased restrictions. This guidance is based on the best-known public health information and practices at the time of publication, and the documentation, data, and evidence upon which this guidance is based can and does frequently change. NYSDOH will revise and reissue this advisory as necessary.”

The present handbook edition updates our policies, procedures, and guidelines to be consistent with the most recent regulatory guidance. All references to ICD within this handbook should be understood to include all of ICD's programs, including the **Children's Unit for Treatment and Evaluation** that operates our state-approved early intervention and special education service programs. All guidance in this edition supersedes prior guidance issued under the same title.

Please note that updates to this manual may occur at any time as required to meet the standards set forth by NYSED, NYSDOH, and the NYS Governor's Office as well as Binghamton University and the Research Foundation for SUNY at Binghamton. Recipients of this handbook will be updated as soon as possible following changes that prompt a revision.

Important community partners for ICD include all Committee for Special Education and Committee for Preschool Special Education (CSE/CPSE) chairpersons for the districts we presently serve, county health department special education program directors and representatives for whom we have enrolled students, and the Broome County Health Department Director and Broome County Executive. Binghamton University's departments of Physical Facilities and Environmental Health (as needed), Psychology, Decker School (as needed), Harpur College Dean's Office, and The Research Foundation for SUNY at Binghamton will also be important partners in our network of collaborators and supports.

Several of our senior leadership staff are central to the support of the policies and procedures in this handbook. Please see the list of ICD staff below who are designated as both critical staff and points of contact regarding these policies and procedures. All staff can be reached at 607-777-2829 during regular business hours (8 AM – 3:30 PM). Emails can also be sent to [icddes@binghamton.edu](mailto:icddes@binghamton.edu) for non-urgent questions.

*\*Responsible parties who have submitted state affirmation of obligation to operate in accordance with state guidelines are marked with an asterisk; these are the same personnel considered to be COVID-19 resource persons who are responsible for being the main contact upon identification of a positive COVID-19 case and responsible for all related communication.*

\*Dr. Jennifer Gillis Mattson – Co-Director, Institute for Child Development  
Director, Binghamton Regional Center for Autism Spectrum Disorders  
Director of Consultation Services, Child & Adolescent Diagnostic & Consultation Clinic

\*Dr. Rachel Cavalari – Director, Children’s Unit for Treatment and Evaluation  
Assistant Director, Binghamton Regional Center for Autism Spectrum Disorders  
Director of Diagnostic Services, Child & Adolescent Diagnostic & Consultation Clinic

Lisa Arnone – Director of Educational Services, Children’s Unit for Treatment and Evaluation

- *COVID-19 Safety Coordinator – responsibilities include continuous compliance with all aspects of the school’s reopening plan, as well as any phased-in reopening activities necessary to allow for operational issues to be resolved before activities resume.*

Michele Gatliff – Assistant to the Director, Children’s Unit for Treatment and Evaluation

Michael Purdy – Coordinator of Technology & Staff Training, Children’s Unit for Treatment and Evaluation

Our aim is to continue providing the free appropriate public education (FAPE) outlined in enrolled students’ educational plans (IEPs and IFSPs) for continuity in the support of our students’ well-being. We look forward to partnering with our students, families, staff, and community stakeholders to ensure the health and safety of all.

## GUIDING PRINCIPLES OF THIS HANDBOOK

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### ICD Leadership Team has developed this handbook based on the following principles:

- 1) Prioritizing the health and safety of all children and staff;
- 2) Maintaining excellence in the provision of services to the children and families we serve; 3) Prioritizing in-person services as much as appropriate while also balancing the need to provide remote distance learning (hereafter referred to as virtual) or hybrid services when necessary;
- 4) Establishing new routines and habits while building relationships and trust with each other and children;
- 5) Maintaining high levels of reciprocal communication between ICD, staff, and families; and,
- 6) Needing to adapt and be flexible to ever-changing guidance, policies, and procedures from BU, RF, NYSED, NYSDOH and Broome County DOH.

### What is COVID-19 (From CDC):

COVID-19 is mostly spread by respiratory droplets released when people talk, cough, or sneeze. It is thought that the virus may spread to hands from a contaminated surface and then to the nose or mouth, causing infection. Therefore, personal prevention practices (such as wearing a mask, handwashing, staying home when sick) and environmental cleaning and disinfection are important principles that are covered in this document. Fortunately, there are a number of actions school administrators can take to help lower the risk of COVID-19 exposure and spread during school sessions and activities.

**COVID-19 Test Sites:** NYSDOH has many resources available regarding how best to get tested depending on various circumstances. As these resources are routinely updated, staff and families are encouraged to consult resources at the following site: <https://coronavirus.health.ny.gov/covid-19-testing>.

Various forms of COVID tests (i.e., antigen, rapid NAAT, and PCR/NAAT) are available at local pharmacies and clinics or via the county health department where each person resides. Most pharmacy locations have rapid tests that can be scheduled quickly **and our school has been allocated a limited number of rapid antigen tests by NYS**. Binghamton University also has a surveillance testing center for asymptomatic staff. If you need help finding testing resources, please call us.

We are using all of the following inputs to make decisions about our re-opening policy and related COVID-19 policies and practice decisions:

- Public health authority guidelines and recommendations (e.g. BU, RF, CDC, WHO, NYSED, NYSDOH, New York, Broome County Department of Health).
  - NYSDOH Directive
    - [https://coronavirus.health.ny.gov/system/files/documents/2022/01/Quarantine%20and%20Isolation%20Guidance\\_1.14.22.pdf](https://coronavirus.health.ny.gov/system/files/documents/2022/01/Quarantine%20and%20Isolation%20Guidance_1.14.22.pdf)
    - [https://www.governor.ny.gov/sites/governor.ny.gov/files/atoms/files/Pre-K\\_to\\_Grade\\_12\\_Schools\\_MasterGuidance.pdf](https://www.governor.ny.gov/sites/governor.ny.gov/files/atoms/files/Pre-K_to_Grade_12_Schools_MasterGuidance.pdf)
    - [https://coronavirus.health.ny.gov/system/files/documents/2021/09/school-guidance\\_0.pdf](https://coronavirus.health.ny.gov/system/files/documents/2021/09/school-guidance_0.pdf)
    - [https://coronavirus.health.ny.gov/system/files/documents/2021/12/testtostay-memo\\_12-23-21.pdf](https://coronavirus.health.ny.gov/system/files/documents/2021/12/testtostay-memo_12-23-21.pdf)
    - <https://coronavirus.health.ny.gov/schools-youth>

- NYSED Directive
  - <http://www.nysed.gov/common/nysed/files/programs/reopening-schools/nys-p12-school-reopening-guidance.pdf>
  - <http://www.nysed.gov/common/nysed/files/programs/back-school/nysed-health-and-safety-guide-for-the-2021-2022-school-year.pdf>
  - <http://www.nysed.gov/early-learning/covid-19>
- BU Guidance
  - <https://www.binghamton.edu/restarting-binghamton/>
- CDC
  - <https://www.cdc.gov/coronavirus/2019-ncov/community/schools-childcare/k-12-guidance.html>
- Consultation with Binghamton University’s departments of Physical Facilities and Environmental Health (as needed), Decker College of Nursing and Health Sciences (as needed), and The Research Foundation for SUNY at Binghamton.
- NYS Governor’s Office
- Individual consultation with BU legal counsel, as needed.

### **Staff Preparation**

- All staff, direct-care and non-direct-care, are required to read all policies and procedures in this handbook as we will be all working within the same building, though our roles may differ. All staff are also encouraged to review the above guidelines (NYSED, NYSDOH, BU, CDC) for more detailed information.
- All staff will receive video-based or virtual training opportunities on precautions of in-person services, using appropriate social distancing, and requiring of face coverings prior to or on first day of work and periodically thereafter.
- Staff will be provided with a daily checklist to ensure sufficient supplies for the day (i.e., face covering, tissues, hand hygiene, cleaning supplies).

### **Building Preparation**

Signage for ICD building on how to stop the spread of COVID-19, engage in proper hand washing etiquette, practice social distancing, and wear face masks will be strategically placed throughout the building. In addition, all staff are provided with copies or links to related information from the CDC.

- Posters on staying healthy will be posted in Staff Common Area and Reception Area
- Posters on hand washing and hygiene will be in every bathroom, Staff Common Areas, and Reception area.
- Poster on requirement of wearing masks will be located at the entrance to the ICD building. *As of 1/3/22 masks are still required, regardless of vaccination status.*
- Social distancing decals (floor) will be located every 6 feet in high traffic areas and every 12-20 ft in other parts of the building, where applicable.
- Hallways in high traffic areas were designated as one-way and marked as such using decals on the floor up until 4/12/21. From 4/12/21 onward, one-way paths were determined as no longer necessary.
- Posters on appropriate use of hand sanitizer and the flammable nature of hand sanitizer will be posted at all hand sanitizing stations throughout the building.

### Limitations of Building Occupancy

- Only ICD staff, students, parents of students, and approved essential visitors may enter the building while masked (except children under the age of 2 years old or children with a medical mask exemption) regardless of vaccination status. No room shall exceed more than 50% capacity at any time.
  - No nonessential outside visitors, guests, or volunteers are allowed in the building at any time. \*See Dr. Cavalari or Dr. Gillis Mattson for exceptions.
- Our program is already approved to operate as a self-contained model, with cohort arrangements (i.e., keeping the same students together throughout the school day) as part of our general operating procedures. Our staff previously followed a cohort model where they stay with the same assigned students throughout the day, aside from additional support staff, supervisory staff, and related services staff who can visit a student cohort as part of instruction or safety support. As of 4/12/21, all classroom-based, direct-care staff will be able to float across classrooms and instructional spaces when needed for staffing supports. This change is consistent with a return to our regular staffing policies along with public health data noted above, and is within the parameters for NYSED's defined cohort model where students stay in a group and staff may rotate.

### Safety of building

- BU Physical Facilities has increased outside air flow (HVAC) to meet or exceed recommendations from NYSDOH. **Air filtration in existing ventilation systems is consistent with hospital inpatient and general surgery applications per Physical Facilities (Minimum Efficiency Reporting Value; MERV 13 or MERV 14).** Although recommendations and guidelines from the July 13<sup>th</sup> guidance from NYSDOH suggest increasing ventilation by opening windows and doors, this is contraindicated in our setting because it would offset the pressure system that was established via HVAC that is already increasing outside airflow.
- BU Physical Facilities has tested the plumbing and water systems to meet or exceed recommendations from NYSDOH.
- BU Physical Facilities and the Office of Emergency Management have supplied ICD with hand sanitizer (a 2 oz bottle for each employee and a refilling hand sanitizer station (located in staff lounge), two reusable cloth masks, and microfiber towels for cleaning work areas. In addition, disinfectant spray, which must be purchased through PF for safety purposes, will be provided.
- Hand sanitizer stations will be set up near all high contact entry points, such as main hallway doors and entrances and throughout the hallways, to reduce non-sanitized contact with these surfaces.

### Deliveries

- All deliveries to ICD will follow protective guidelines including:
  - Delivery personnel must wear a mask or they may not enter the building.
  - Once in the building, all deliveries will be placed by the wall between the staff work area entry door and the seminar room.
  - Vendor replenishment of the vending machines will require that reception staff allow delivery personnel into the seminar room and assure that social distancing is maintained in that space relative to other staff using that room as a work space. The reception staff will then wipe down all buttons and contact points on the vending machines after the delivery personnel is escorted from the building.

## STAFF-SPECIFIC POLICIES & PROCEDURES

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The following policies and procedures are based on BU's policies, CDC and NYSDOH.

### Symptom Monitoring and COVID-19 Symptoms

All staff must complete a daily mandated health questionnaires **prior to coming to work**. The questionnaire is for ICD and is a Google form for you to complete and also has been sent to you. ICD administration and the school nurse will monitor completion of these forms. Your questionnaire must be completed before entering the building unless you have an extenuating circumstance and have informed Lisa Arnone of your need for support in completing this at reception before clocking in for the day. Such a need should be extremely rare. **You MUST complete the ICD questionnaire or you will not be able to begin work and will not be paid until the form is completed. Failure to complete this form may result in disciplinary action.**

Link to ICD Daily Staff Health Questionnaire: <https://forms.gle/P4xc1pE6YqZeVcNg6>

Upon entering the building, staff will receive a temperature check at the reception area using a touchless, infrared thermometer. Staff are required to have the temperature check PRIOR to any further entry into the building or other areas. Touch-free infrared thermometers are placed in the reception area for staff use. The school nurse or responsible parties will be notified if staff has a fever (100 degrees F or higher). Senior leadership will train staff to ensure familiarity with NYSDOH, CDC, and OSHA protocols.

The school administration will maintain all staff records of the ICD health questionnaires and temperature checks as "Pass" or "Fail" (i.e., specific data such as exact temperature will not be maintained). A record of staff who were sent home from work due to emergence of symptoms during the work day will also be maintained.

Staff must be free of ANY symptoms potentially related to COVID-19 or have had an evaluation and been cleared by their primary care provider to be eligible to report to work on campus. If staff present with a potential COVID-19 related symptom, staff will be referred to the school nurse for a consult and may be asked to leave or provide documentation from their PCP or documentation of a negative test (**antigen or PCR/NAAT; if at-home test must send photo of result to [icddes@binghamton.edu](mailto:icddes@binghamton.edu)**). Staff should contact RF HR with questions regarding leave use due to COVID-19 symptoms or quarantine.

COVID-19 symptoms include one or more of the following:

- Fever or chills
- Cough
- Shortness of breath or difficulty breathing
- Fatigue
- Muscle or body aches
- Headache
- New loss of taste or smell
- Sore throat
- Congestion or runny nose
- Nausea or vomiting
- Diarrhea



This list is not exhaustive. Check the CDC website regularly for a list of updated symptoms at <https://www.cdc.gov/coronavirus/2019-ncov/symptoms-testing/symptoms.html>.

Employees with any symptoms should not report to work until cleared by their primary healthcare provider or via COVID test negative result (**antigen or PCR/NAAT; if at-home test must send photo of result to [icddes@binghamton.edu](mailto:icddes@binghamton.edu)**). Individuals should notify their supervisor of the situation, as well as Human Resources (RF) 607-777-4266. Individuals should wear a face mask to avoid possible virus transmission to others and should self-isolate until told this is not necessary by their healthcare provider. Additional information and resources can be found at <http://www.gobroomecounty.com/hd/coronavirus>.

Some employees may be at higher risk for a COVID-19 infection. Those conditions include:

- Older adults (aged 65 years and older)
- People with HIV
- Asthma (moderate-to-severe)
- Chronic lung disease
- Diabetes
- Liver disease
- Serious heart conditions
- Chronic kidney disease being treated with dialysis
- Severe obesity
- Being immunocompromised
- Pregnant

If a staff member falls into a high-risk category for COVID-19 complications, contact the Director of HR at RF at 607-777-4266, (Research Foundation Human Resources) to discuss options. If you are sick, please stay at home. Please maintain awareness of your benefits regarding paid sick leave and reasonable accommodations. If a staff member is absent or tardy related to clearance from illness suspected or confirmed to be COVID-19, we will not employ our attendance policy for missed/tardy days. The attendance policy remains in effect for other absent/tardy reasons. We encourage you to stay home if you are sick. If you are concerned that you may be experiencing a COVID-19 related symptom, have had exposure to someone infected with COVID-19, or have received a positive diagnostic test result for COVID-19, please contact the school administration/responsible parties and the Director of RF HR **immediately**. Please review the memos previously sent to you and contact RF HR with questions.

As required of all on-campus employees, ICD employees must comply with all BU and RF policies. As of the date of this manual, all ICD staff are required to:

- All staff must be fully vaccinated with one of the available vaccines for COVID-19 by the deadline set by the federal government as per RF for SUNY memos circulated in the fall of 2021 OR have an approved medical or religious exemption confirmed by RF for SUNY at Binghamton. All CUTE staff are RF for SUNY employees. Thus, all CUTE staff must attend to all deadlines within RF memos related to their employment responsibilities, as well as all subsequent memos that may update such guidance.
  - Submission of proof of vaccination via photo or scan to:
    - [RFCOVID@binghamton.edu](mailto:RFCOVID@binghamton.edu) (RF employees) OR
    - [declremen@binghamton.edu](mailto:declremen@binghamton.edu) (BU/state-side employees)

- Staff must also undergo weekly COVID-19 surveillance testing as coordinated and monitored by Binghamton University if a confirmed and approved medical or religious exemption is in place unless provided with waiver/exemption from doing so. Disciplinary action will be taken by RF for SUNY for failure to follow testing requirements.
  - Exemption request to be waived from testing: <https://cglink.me/2eQ/s52397>
    - Exemption from testing usually involves quarantine or COVID-19 positive infection in the last 90 days; in either case RF HR must be notified and an email sent to [survtest@binghamton.edu](mailto:survtest@binghamton.edu) for further guidance. Note: CUTE does not make any determination regarding exemptions from testing.
  - ICD Staff who undergo a COVID test for ANY reason (including but not limited to weekly surveillance or diagnostic/clearance to return to work following illness) must report the occurrence of the test. Daily reporting on the number of staff tested for COVID-19 is required for NYSDOH School Survey.
    - The ICD Staff Report of COVID Testing Google link can be found here: <https://forms.gle/ZfrEuotRPoYeQaMs8>

### **Personal Protective Equipment (PPE) & Hygiene**

BU Contact: Office of Emergency Management (OEM) at [oem@binghamton.edu](mailto:oem@binghamton.edu)

**Face masks and face shields.** Every staff at the ICD (including buildings, grounds, shared areas, conference rooms, restrooms, entryway, etc.) must wear a face covering or mask that covers both their nose and mouth at all times, except when alone in a private room, private office, private vehicle, cubicle space when appropriate social distancing can be maintained, walking in a more isolated area with no other people in proximity, or when exercising outside when appropriate social distancing can be maintained. If you are in a space and requested to wear a mask, please wear a mask. If you have specific questions about where and when to wear a mask, please see Drs. Cavalari or Gillis Mattson.

Within all public spaces at ICD and anytime you are working with students, wearing a mask is required. You may remove your mask when ready to eat while in a designated lunch area and keeping a 6 ft distance from others. You must replace your mask immediately after eating.

ICD will be providing staff with disposable masks as needed and available. You may wear your own personal cloth mask. First please obtain approval from the school administration that it meets specified requirements. It must have at least 2 layers, properly cover the nose and mouth, and be fitted close to the face. In addition to masks, face shields will be provided, depending on the situation\* (see Director of Educational Services). Face shields must be worn with a mask.

For additional information on how to wear, take off and care for your face masks, see: <https://www.binghamton.edu/restarting-binghamton/workplace-entry-guidelines/>

Centers for Disease Control and Prevention (CDC) guidelines for washing the cloth masks can be found here: <https://www.cdc.gov/coronavirus/2019-ncov/prevent-getting-sick/how-to-wash-cloth-face-coverings.html>.

**Handwashing hygiene.** Staff must wash hands (or use hand sanitizer if bathroom is occupied) upon entry to the building, before and after eating, and after using the restroom. Wash hands often with soap and water for at least **20 seconds**, especially after you have been in a public place or after blowing your nose, coughing, or sneezing. Handwashing should also occur before and after eating or touching your

face. For proper handwashing instructions, please see signage in all restrooms or watch the following video: <https://www.cdc.gov/handwashing/videos.html>

If soap and water are not readily available, use a hand sanitizer, see below.

**Hand sanitizer.** All hand sanitizers will contain at least 60% alcohol. Hand sanitizing stations are located throughout the building. All employees will be provided one 2-oz. personal bottle of hand sanitizer from BU. This alcohol-based sanitizer may be used to sanitize your hands as well as work surfaces and touch-points. **Do not discard this bottle**, as you will only receive one. A refilling station has been placed in the staff lounge area. We will provide additional sanitizer for refilling as well. **Please do not keep your personal bottle of sanitizer on your person while working with children due to an ingestion hazard unless stored in a facility-approved, zipper-sealed fanny pack.** If the child ingests any of the liquid, please contact the nurse immediately. If nurse is not readily available, please contact a supervisor.

When using hand sanitizer, cover all surfaces of your hands and rub them together until they feel dry. Avoid touching your eyes, nose and mouth, and wash your hands after touching your face.

**You are required to use hand sanitizer or wash your hands in a restroom when you enter or leave a classroom or space with a child/student/client. Frequent hand washing throughout the day is required.** Hand sanitizer stations are available at various locations around our building, including the staff kitchen, the main entrance, the entrance to the staff area, and at various points in the hallways.

**Coughing/Sneezing hygiene.** If you are in a private setting and do not have on your cloth face covering, remember to always cover your mouth and nose with a tissue when you cough or sneeze or use the inside of your elbow. Immediately throw used tissues in the trash and wash your hands with soap and water for at least 20 seconds. If soap and water are not readily available, clean your hands with a hand sanitizer that contains at least 60% alcohol.

**Supplies.** When hand soap, paper towels, tissues, or hand sanitizer supplies are low (in any area), please notify front office staff immediately. If you have any concerns about supplies for engaging in appropriate hygiene, please email the Assistant to the Director at [icdfscl@binghamton.edu](mailto:icdfscl@binghamton.edu).

Further, all staff will be provided with their own office supply kit so that typically shared supplies such as pens, paperclips, post-it notes, etc. will be available for each staff person for individual use. If you need additional supplies or your original supply needs replenishment, please submit your request via the ICD Purchase Request system or speak with the Assistant to the Director (Michele Gatliff) or Office Manager (Katelynn Slater).

**Access to drinking water.** All water fountains in our facility are replaced by touchless bottle refilling stations with the water fountain mouthpiece functions capped to prevent use. In the event that bottle refilling stations are unavailable or under maintenance, bottled water will be available.

### **Custodial Services, Cleaning and Disinfection**

**BU contact:** Sacha Sigelman-Schwartz, work control manager, at [sacha.ss@binghamton.edu](mailto:sacha.ss@binghamton.edu).

Flyers and informational brochures from the CDC and NYSDOH will be provided to staff with regard to hygiene, cleaning, and disinfection.

In coordination with Physical Facilities, we will only use cleaning supplies approved by Physical Facilities. Physical Facilities has ensured us that the ventilation systems operate properly and increase circulation of outdoor air as much as possible and are meeting and exceeding department of health (NYSDOH) requirements. Physical Facilities has also indicated that all water systems and features (e.g., drinking fountains, decorative fountains) are safe to use.

Physical Facilities will continue its normal custodial services to ICD. Due to increased handwashing, ICD staff may be responsible for periodic dumping of trash from the reception and staff area bathrooms if they are full at midday.

Cleaning and disinfection of touchpoints in common and high-traffic areas will continue by staff throughout the day. Teams will be assigned these responsibilities (see chart provided by supervisors – will be updated as necessary). The Office of Emergency Management provided ICD with microfiber towels and paper towels to assist with sanitizing work areas. Cleaning and disinfection logs indicating the date, time, and scope of the cleaning will be kept on file daily for all cleaning that occurs during normal operating hours. All high contact entryways (i.e., doors, door handles) and any polycarbonate barriers will be sanitized every hour with approved cleaning and disinfection supplies. If a staff member is absent that is responsible for cleaning a specific area of the building during normal operating hours, there will be an alternate person assigned or the partner that shares that responsibility will be responsible for both cleanings in the event of an absence. High contact surfaces such as keyboards and corresponding computer equipment (i.e., trackpad, mouse) will be wiped down between uses and do not need to be documented on a log because cleaning is use-based. Physical Facilities does daily sanitizing of all high contact surfaces as well, which is monitored by the Physical Facilities department at Binghamton University as part of their general operating protocols.

It is advised that we should not purchase our own cleaning chemicals or bring chemicals in from home. The use of chemicals other than those used by PF custodial staff could damage surfaces, react dangerously with the chemicals used by PF staff, or cause allergic reactions or other issues. Chemicals used by custodial staff are specifically selected for safety, compatibility with other chemicals and surfaces, and compliance with the New York State Green Cleaning Law. Staff should use the provided alcohol-based sanitizer to regularly clean work surfaces. Requests for additional cleaning will be discussed between Dr. Gillis Mattson and Sacha Sigelman-Schwartz. We will follow the Critical Response Plan if there is an active COVID-19 case.

Under no circumstances are children to be provided with access to cleaning and disinfecting supplies. Children should also not be present when using PF cleaning and disinfecting supplies nor should such supplies be used less than 20 minutes prior to student arrival in the mornings.

## **Social Distancing Efforts**

### **Classrooms**

- Classroom staff will remain consistent in each classroom to the extent possible.
- Teaching and learning areas will be outlined so that student-teacher groupings remain socially distanced, to the extent possible, throughout the day.

- Staff will attempt to keep children facing away from each other (i.e., in one direction) unless doing so interferes with an instructional necessity related to a child's IEP goals.
- Staff will encourage children to keep **3- to 6-ft** distance away from others while walking in the hallways using the floor social distancing prompts.

### **Shared work spaces and meetings**

- Staff will be reassigned to temporary work locations in order to maintain 6-ft distance between work areas. Unoccupied desk or work spaces are not to be used without express permission of the directors. Please do not sit at unassigned cubicles at any time.
- Meetings will be done virtually (via Zoom) regardless of work location unless the meeting is conducted with PPE worn, social distancing can be maintained, and the gathering of a group is determined as necessary for the content of the discussion or training need.

### **Staggered lunch times and locations**

- Staff will be assigned a lunch time and location to minimize the number of staff in any one location and in order to maintain social distance of at least 6 feet. Staff are permitted to eat outside, weather permitting, while maintaining social distancing of at least 6 feet.
- We will have paper bags to place lunches in for refrigerator storage and to prevent cross contamination. If using the refrigerators in the staff lounge, use of paper bags is not optional.

### **Staggered arrival/departure times**

- Staff are expected to follow guidelines regarding arrival and departure from work as per the most updated staff manuals related to their position and role. The sign in/out computer is 100% touchless. Instructions for its use are posted by the computer.

### **Mental Health Resources**

BU resources include:

**1) Employee Assistance Program.** (EAP) is available to offer emotional support during this stressful period. Telephonic or video consultation via Zoom is available, and employees can access this service using most smartphones, tablets and computers with a camera. Please call EAP at 607-777-6655 or visit the [EAP website](#).

**2) B-Healthy, Healthy Campus Initiative.** Visit the [B-Healthy website](#) for more information and resources to manage stress, enhance your resilience, and support your overall health.

ICD resources include the staff portal/parent portal, staff wellness series, and community referrals. Periodic staff check-ins and opportunities for consultation with responsible parties as related to mental and emotional well-being will be available to all staff.

New York State offers several free resources to support mental health and well-being:

**1) [NY Project Hope](#) Emotional Support Helpline:** 1-844-863-9314

New York has a free, confidential helpline as part of the FEMA response to COVID-19. Call 1-844-863-9314 or visit [nyprojecthope.org](http://nyprojecthope.org).

**2) For other free resources related pandemic for managing stress, grief, and anxiety, see** <https://omh.ny.gov/omhweb/covid-19-resources.html>

## STUDENT/CHILD-SPECIFIC POLICIES AND PROCEDURES

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### Symptom Monitoring and COVID-19 Symptoms

All parents/legal guardians will complete a daily state mandated health questionnaire prior to their child's arrival to ICD. The ICD Daily Child Health Questionnaire must be done after the child wakes up each day and before they report to school. This questionnaire is a Google form that parents can easily access. Link to ICD Daily Child Health Questionnaire: <https://forms.gle/c1Mfj4gBXEyhqVZh8>

If a parent has access issues or fails to complete the questionnaire prior to the child's arrival, they may complete these questionnaires upon arrival before the child leaves the transportation vehicle. If needed, ICD staff will complete a verbal phone screen with parents/legal guardians prior to the child's arrival or disembarkation from the transportation vehicle. Children will not be allowed to leave the transportation vehicle to enter school without this questionnaire being completed.

Before leaving the transportation vehicle, every child will also receive a temperature check using a touchless, infrared thermometer. The school nurse or responsible parties will be notified if a child has a fever (100 degrees F). Employees performing the temperature screening will be identified by Drs. Cavalari and Gillis Mattson, and will be equipped with appropriate PPE. The designated staff will be trained consistent with NYSDOH, CDC, and OSHA protocols.

The school administration will maintain all child records of the ICD health questionnaires and temperature checks as "Pass" or "Fail" (i.e., specific data such as exact temperature will not be maintained). A record of students who were sent home from school due to emergence of symptoms during the school day will also be maintained.

Children at ICD must be free of ANY symptoms potentially related to COVID-19 or have had an evaluation and been cleared by their primary care provider to be eligible to report to come back to campus. If a child presents with a potential COVID-19 related symptom, the child will be referred to the school nurse or senior leadership for a consult and may be asked to leave and/or provide documentation from their PCP before coming back to school.

COVID-19 symptoms include one or more of the following:

- Fever or chills
- Cough
- Shortness of breath or difficulty breathing
- Fatigue
- Muscle or body aches
- Headache
- New loss of taste or smell
- Sore throat
- Congestion or runny nose
- Nausea or vomiting
- Diarrhea

This list is not exhaustive. Check the CDC website regularly for a list of updated symptoms at <https://www.cdc.gov/coronavirus/2019-ncov/symptoms-testing/symptoms.html>.

## **Arrival and departure procedures**

Children will arrive at normal times via school-provided transportation or parent drop-off. ICD staff will stagger bringing children in from the busses or parent vehicles to maintain a social distance and for the safety of the child. This of course means that entry to school will be at a slower pace than normal. Staff will begin bringing children in from busses at 8:15 AM. Students cannot be allowed to disembark from the vehicle until both the ICD Daily Child Health Questionnaire and temperature check are passed.

Use of iPads for Student Attendance or Assistance with On-Site Health Questionnaire (as assigned): Staff please use your stylus when interacting with the iPads for child attendance or to complete any on-site health questionnaires.

## **PPE & Hygiene**

**Face Masks.** Prior to September 2021, children could be encouraged to wear a face mask provided by their parent/guardian. However, children were not required to wear a face mask. On August 27, 2021, the NYSDOH Commissioner's determination for September 2021 school operations changed masking requirements to be consistent with CDC guidelines, and this was reiterated in a guidance document dated 9/2/21 (<https://coronavirus.health.ny.gov/system/files/documents/2021/09/school-guidance.pdf> and <https://coronavirus.health.ny.gov/system/files/documents/2021/09/school-guidance.pdf>).

Relevant excerpts from the new masking requirements for September 2021 are as follows:

- a) In accordance with the Commissioner's determination issued pursuant to 10 NYCRR 2.60, all students, personnel, teachers, administrators, contractors, and visitors must wear masks at all times indoors, regardless of vaccination status.
- b) People with medical or developmental conditions that prevent them from wearing a mask may be exempted from mask requirements, as documented by a medical provider.
- c) People do not need to wear masks when eating, drinking, singing, or playing a wind instrument; when masks are removed for these purposes, individuals must be spaced six feet apart. This may mean that meals cannot be eaten in classrooms that have been arranged to accommodate shorter distances between students during instruction time. Students should not be excluded from in-person learning in order to meet a minimum distance requirement.
- d) All mask requirements must be applied consistently with any state and federal law (e.g., Americans with Disabilities Act).
- e) Information on how to properly wear a mask can be found here: <https://www.cdc.gov/coronavirus/2019-ncov/prevent-getting-sick/about-face-coverings.html>

ICD staff have made active efforts to obtain medical mask exemptions for all students enrolled in our special education school program, CUTE. If a child does not have a medical mask exemption on file, the child must wear a mask when at ICD; if that is not possible, the child cannot attend per the new requirements. A member of our team will contact families for whom we do not have the medical provider's exemption order on file to discuss options for support. We now also require a Parent Attestation of Understanding for Medical Mask Exemption to be on file with us. If the form is not received, the child cannot attend school. Please contact us if you have questions about this form. We can assist families in completing this form by email, electronic signature, or verbal review over the phone. Both forms will be sent to districts and transportation providers, as well as county health department representatives for preschoolers.

If parents request assistance with helping their child(ren) wear a mask, we will work with the family to best accommodate that request as part of skill development while in school. Students who wear masks during the school day will be offered the option to take a break approximately every hour or so unless otherwise indicated. All of our students are required to have medical mask exemptions on file; breaks are available to students as part of parent-requested support for mask tolerance skills only.

Families must also be aware that the new masking guidelines apply to transportation services if the child is bussed to and from ICD.

**Transportation:** In accordance the Commissioner’s determination, issued pursuant to 10 NYCRR 2.60, masking is required on public transportation in accordance with the CDC recommendations and as also referenced in the CDC’s school guidance. To that end, passengers and drivers must wear a mask on school buses, including on buses operated by public and private school systems, regardless of vaccination status, subject to applicable exclusions and exemptions.

ICD staff will forward medical mask exemptions and parent attestations described above to districts and transportation providers, as well as county health department representatives for preschoolers. However, record of an exemption for our facility does not guarantee that a child will not be required to wear a mask on district or county transportation services, as their policies may differ from ICD policies. It is recommended that families reach out to their transportation office at their school district and CSE chairperson (school age) or county health department representative, transportation provider, and CPSE chairperson (preschool) to discuss questions about transportation and masking. Whenever possible, it is strongly recommended that families transport their child to and from ICD if they are able to do so.

**Handwashing hygiene.** Children must wash their hands immediately each time they enter their classrooms, before and after eating, and after using the restroom. They should also wash their hands prior to leaving the building. In addition, a child should wash their hands after blowing their nose, coughing, or sneezing. For proper handwashing instructions, please see signage in all restrooms or watch the following video: <https://www.cdc.gov/handwashing/videos.html> If soap and water are not readily available, use a hand sanitizer, see below.

- **Handwashing will be a fun activity and not considered an unnecessary demand to the child.** Hands should be washed with soap and water for at least 20 seconds. Use music, songs, and picture schedules to help keep the child engaged. **This is the new normal.**

**Hand sanitizer.** All hand sanitizers will contain at least 60% alcohol. Hand sanitizing stations are located throughout the building. If hand sanitizer is used with children, the supervising adult **MUST** directly apply the hand sanitizer to the child’s hands. It is **IMPERATIVE** that children are observed the entire time hand sanitizer is used and the adult must rub it into the child’s hands in order to prevent ingestion of the hand sanitizing liquid. If the child ingests any of the liquid, please contact the nurse immediately. If nurse is not readily available, please contact a supervisor. Parents and legal guardians may inform us if they do not want their child to use alcohol-based sanitizers by sending a written notice to us. In such cases, only handwashing will be conducted. An indication of the parent’s preference for hand sanitizer use will be noted on the child’s alert form kept in their individual binder along with sunscreen and similar permissions.



All students enrolled in preschool and school age programs will have a specific instructional goal for hand-washing skills added to their daily plans unless they have mastered this skill and are independent from prior years' instruction. These skills will be approached in the same manner as other skills taught at our facility, including provision of adult prompts and guidance to ensure success.

Flyers and informational brochures from the CDC and NYSDOH will be provided to families with regard to hygiene, cleaning, and disinfection.

**Please encourage children to avoid touching eyes, nose, and mouth.**

**Coughing/Sneezing hygiene.** Please encourage the children to always cover their mouth and nose with a tissue when coughing or sneezing or use the inside of their elbow. Immediately throw used tissues in the trash and wash their hands with soap and water for at least 20 seconds. If soap and water are not readily available, clean their hands with a hand sanitizer that contains at least 60% alcohol.

All students enrolled in preschool and school age programs will have a specific instructional goal for respiratory hygiene added to their daily plans. These skills will be approached in the same manner as other skills taught at our facility, including provision of adult prompts and guidance to ensure success.

**Access to drinking water.** All water fountains in our facility are replaced by touchless bottle refilling stations with the water fountain mouthpiece functions capped to prevent use. In the event that bottle refilling stations are unavailable or under maintenance, bottled water will be available.

**Asthma-related acute respiratory treatment care.** Any family of a student who typically receives nebulizer treatment as prescribed by a medical provider's order for emergency asthma-related care will be informed that such treatments would be unavailable during the current guidelines. Alternative asthma medication delivery systems must be discussed between the family and the child's medical provider if the child is to participate in in-person services. It is possible that the outcome of such discussion could be recommendation to refer the child and family back to their CPSE or CSE for discussion about revision to program placement for the safety of the child while concerns persist.

### **Instructional Spaces & Social Distancing**

Every effort will be made to keep children socially distanced throughout the day. Since our program is already self-contained by definition of our state approvals for classroom services, we are uniquely prepared to follow the state's cohort model as a general course of our regular operating procedures. Additional precautions will be taken to avoid shared spaces.

- Prior to 8/3/21 students were assigned a duffel bag or sealed plastic bin of instructional materials for individual student use. Sharing of materials was not permitted at any time. As of 8/3/21, students will return to using their assigned classroom cubbies for belongings. Also, classrooms will cease mandatory use of instructional materials bins for each student. Students will now have access to classroom-wide materials because the classrooms maintain a student cohort model, which is permissible under NYSED/NYSDOH reopening guidelines. Staff are responsible for wiping down all toys, surfaces, and materials at the close of each instructional session (usually 30 minutes) before transitioning of students within a classroom between settings or locations within the room. Standard policies for disinfection of learning items as per staff manual

guidelines apply. All bins/duffel bags will be removed from classrooms and into storage in the event they are required for future use. Storage of bins/duffel bags will be arranged by Responsible Parties (see earlier in this manual). This policy is subject to change/revocation at any time.

- Classroom staff will remain consistent in each classroom to the extent possible.
- Teaching and learning areas will be outlined with blue tape so that student-teacher groupings remain socially distanced, to the extent possible, throughout the day.
  - E.g., Morning meeting time - the teacher can stand in center of the classroom while children will be spaced 6 ft apart from the each other and the teacher.
- Staff will attempt to keep children facing away from each other (i.e., in one direction) unless doing so interferes with an instructional necessity related to a child's IEP goals.
- Staff will encourage children to keep 3- to 6-ft distance away from others while walking in the hallways using the floor social distancing prompts via decals.
- Children eat lunch in their designated classrooms at separated tables (i.e., no large group lunch tables)
- Student bathrooms will be assigned for use by specific classrooms to reduce traffic within those spaces. Touchless paper towel machines are being installed in bathrooms.
- In the event that a physical therapy session requires an apparatus that is on the Social Learning Center for therapy (i.e., set of stairs, specific surface gradient for balance challenges), a student can be escorted by the attending provider and use the SLC while an APE class is occurring as long as the PT provider and student receiving PT are 6 or more feet away from all other students while using the necessary equipment.
- As of 4/12/21, a limited number of shared instructional spaces will be permitted in the building. Shared instructional spaces mean that numerous classroom cohorts may receive instruction in a space on a rotating basis throughout the day. It does not mean that cohorts will overlap in a space (i.e., only one classroom cohort will occupy a room or space at a time). All shared instructional spaces will be cleaned by following disinfection protocols as per this handbook and university policies and procedures between cohort use.
  - Instructional spaces 134b and 131b will be available for use by adjoining classrooms if not occupied for scheduled activities.
  - Additional use of rooms 122, 127, or similar spaces will be evaluated on case-by-case basis when determined as needed to support students in their learning. Director approval is required for these rooms to be accessed and used.
- GYM/Adaptive PE: It is necessary to do handwashing prior to AND following any transitions, including gym/adaptive physical education. The Social Learning Center playground may be used, but no more than one classroom should be on the SLC at any time.
  - Adaptive physical education classes will use the multipurpose wing in the building on a cohort basis. This means that APE classes can occur in the new wing. Until further notice, the following policies are in place:
    - As much as possible, adaptive physical education classes will be held on the Social Learning Center (or in other outdoor spaces with appropriate ratios for maintaining student safety), weather permitting.
    - When weather conditions prevent access to outdoor spaces or the specific aims of an adaptive physical education lesson require an indoor space, parameters for adaptive physical education wing use include:

- The adaptive physical education wing floor will be divided in at least quadrants using temporary (blue) tape to help provide visual boundaries for students and staff to maintain appropriate distancing for activities. As per NYSDOH regulations, aerobic activity requires a distance of 12 feet between students compared to the standard for social distancing in regular classroom activities.
- If there are 4 or fewer students in a classroom on a day that APE is scheduled for that classroom, the entire class cohort can proceed to the adaptive physical education wing with normative staffing support (i.e., APE teacher and aides).
- If there are 5 or more students in a classroom on a day that APE is scheduled, the class will have two options:
  - Option 1 - rotate students in groups of 3-4 from the classroom.
    - A yoga or light stretching activity will occur in the classroom space with one group for 15 minutes and up to 2 aides present while a second group of 3-4 students goes to the APE wing for gross motor and aerobic activities. All activities will be designed by the APE teacher per expertise under that credential. The classroom teacher will be in the classroom for supervision but not included in instructional ratios for activities.
    - At the midway point of the typical session (15 minutes) the groups will switch locations and activities.
  - Option 2 – all students can go to APE wing if the scheduled activity is non-aerobic and involves seated or stationary catching, stretching, or independent strengthening activities where students can be maintained in a social distancing compliant position with normative staffing ratios for APE.
- If the above options are not viable due to staff absences or safety decisions for a given cohort (i.e., behavioral or emotional needs of students), gentle stretching or low intensity gross motor movement (i.e., yoga) should be performed in the classrooms by designated student seating locations, as has been the case until this update. Such opportunities provide students with practice on coping and wellness skills that improve emotional well-being, consistent with the aims of the New York State Physical Education Learning Standards (2020).

### **Fire Drills and Active Shooter Drills**

Fire drills and active shooter drills will continue throughout the 2021-2022 school year and any subsequent years specifically operating under the guidelines contained within this handbook. Social distancing requirements that apply to all classroom hallway transitions and management of entry and exit points to avoid clustering or bunching will be implemented. During the 2020-2021 year and any subsequent years requiring the same health precautions, all exits from the building will be available during fire drills and alternate “hide” locations for active shooter drills will be defined.

## **Transportation**

Transportation to and from our program is arranged by school districts and/or county health departments in collaboration with student families. Each district or county-contracted transportation vendor is being provided with guidelines and procedures from the overseeing district or county offices with regard to requirements for transportation. We encourage all caregivers to transport their children if that is an option available to them in order to reduce the population of students on busses. Transportation providers may utilize their own health checks to clear students prior to allowing boarding of busses. Such checks or procedures are separate from those required by ICD and will be in addition to all ICD requirements. Please review information above regarding new regulations on masking and transportation that might require parent attention.

## **Food Services**

All students who attend ICD programs are required to bring their own lunch or a lunch is provided by the school district based on meal programs at that district. All student food is stored separately by each individual student and served directly to the student. Lunches are conducted in student classrooms as general practice, which is in alignment with the cohort model. Any food items that are purchased and utilized in relation to student instructional goals will be packaged in individual containers and kept with that student's instructional material duffel bag (or other approved container) in the classroom. Students cannot bring food to share with classmates or staff, even if prepared commercially and sealed, while pandemic precautions are in place (i.e., no birthday cupcakes, cookies).

## **Mental Health, Behavioral, and Emotional Support Services and Programs**

As is the case for our program at all times, we encourage parents to reach out to us if in need of support or consultation for any variety of needs related to their child's and family's health and well-being. Although we will not hold schoolwide events and in-person parent events that would involve a large number of adult visitors, we will offer virtual engagement opportunities and staff consultation to all families of children who attend our programs. Specific family supports include:

- Access to the ICD Parent Portal with private credentials to obtain activity resources, training videos, and important information about our programs and services during the COVID-19 pandemic.
- Phone calls or videoconferencing meetings at parents' request for specific questions related to individual students.
- Daily emails to parents regarding their child's progress and needs, as well as answers to specific questions about support, if a parent has consented to email use.
- Phone check-ins for families, as needed or requested.
- Learning packets and alternative instruction supports for families at home, including but not limited to goal outlines and activity details for how to support their child at home in the event of a transition to virtual instruction or other closure.
- Webinars scheduled periodically to support parents with expert information on specific topics, including helping their child and family acclimate to the current social and community health conditions.

## **Communication**

ICD has set up several networks of communication with families and community stakeholders including but not limited to email, text alert SMS systems, telephone, and postal mail. All families and county health departments, CPSE/CSE chairs, and ICD staff are given the same information, including this

handbook. ICD also maintains a social media presence via Facebook that is used for updates, and we will post pertinent information to our website as well. Caregivers are welcome to request that the provided information be presented in a language other than English.

### **Services and Continuity of Instruction**

All students who attend ICD will be able to access services at the level identified by their family and school district or county as appropriate to their needs. Beginning in the 2021-2022 school year, default enrollment for all students is in-person instruction. A consent for virtual/electronic services will be required if the family wishes to have access to those services in the event of a virtual transition or other family need.

A multi-tiered system of supports utilizing both non-electronic and encrypted electronic platforms is available.

- Non-electronic (non-online) supports
  - ICD will reopen for in-person services with the exception of schoolwide events that will be hosted virtually unless otherwise specified.
  - Each parent may be mailed (emailed if consent by parent) various evidence-based resources and supports as well as general activity ideas designed by ICD staff for family service activities that are completed when ICD is open and fully operational.
  - Although we were able to allow families to opt out of in-person and virtual services in the past and provide alternate offline activities during early closures related to the pandemic, students enrolled at ICD from July 2020 onward are held to regular attendance policies. During unexpected transitions to virtual services, such as a student's quarantine, families are strongly encouraged to participate. We are still required to report a child's absence if they do not attend and school is in session.
  - Periodic phone calls will also be made to check on progress and obtain information that can be used to assess growth or regression for virtual students.
  - Periodic phone consults with leadership staff may be requested by a family for assistance at any time.
- Electronic (online) supports
  - Asynchronous
    - An online password-protected portal for training videos and resources will be provided called ICD Parent Portal. Access to specific online, self-paced learning software available through our programs will be linked here as well.
    - Families will be directed to training videos by specialists and other appropriate professionals that cover topics specific to family needs that exist outside ICD systems.
    - Families will be encouraged to reach out to their school districts for access to supports for online, self-paced learning that may be approved and accessible through district means for preschool and school age students.
  - Synchronous (video-conferencing) via Zoom
    - ICD Virtual School – All classroom teams (teachers, teaching assistants, teacher aides) have the capacity to host classroom Zoom “channels” daily to cover the IEP mandate for special education program placement for 5.5 hours per day. In this case, virtual school is held concurrently with in-person services so that students attending virtually are still part of the regular classroom routines and experiences.

- Telepractice Related Services - Related services can be delivered via telepractice by licensed or certified providers who typically provide such services in face-to-face arrangements at school in an *individual format*; unless a parent does not consent to said services. For Early Intervention, this includes speech therapy or occupational therapy. For preschool and school age programs via NYSED, this includes family services/parent education, speech therapy, occupational therapy, physical therapy (latter if contracting agency providing PT and/or OT can do so).
- Please note that use of virtual services must be allowable per parent consent and referring CPSE or CSE determination that virtual services would be of benefit to a child consistent with parameters for a free and appropriate public education (FAPE) per IDEA regulations.

At ICD, we pride ourselves on high standards for data collection to objectively evaluate child progress. All students participating in-person or virtually will be assessed as their goals are written per standard operating procedures. There will be no change aside from considering adaptations to the manner in which goals are supported by virtual attendees given caregiver ability and resources. Families of students who are not participating in either in-person or virtual services will receive periodic phone calls to check on alternate instruction supports offered to the family and parent-reported progress or needs of the child only if the child is on county mandated quarantine.

### **Attendance**

The New York State Education Department requires that student attendance and engagement in learning be documented. Protocols that are in place related to chronic absenteeism will continue. ICD has established a system for documenting virtual attendance when a student is quarantined and electronic session notes continue to be the basis for all Telepractice-related services documentation. In-person student attendance is documented per standard operating procedures.

There is no longer an option to opt out of services and maintain enrollment with our programs. Participation must either be in-person **unless a student is quarantined and has to be virtual**, aside from excused absences per NYSED guidelines (e.g., student illness, doctor appointment). County health departments and school districts that fund student enrollment want to ensure that students are receiving intended services consistent with tuition fees. If a child does not attend as planned/expected for an extended period of time not covered by excused absences, a CPSE/CSE meeting will be requested to discuss the appropriateness of placement with our programs. We will offer families various levels of support and suggestions or strategies for encouraging engagement with our program before such an event arises. Our aim is to support each child and family as best we can within the limits of our contracts with external agencies.

### **Technology and Connectivity**

In order to better understand family access to technology, including access to high-speed internet, ICD circulated two rounds of surveys to families in the summer and late fall 2020. This survey asked if the child who attends ICD has access to a device, if the device is solely for their use or can be devoted for their use if not typically the case, and if the internet connection is sufficient to participate in the range of resources available (i.e., virtual/video conferencing, video file access). Districts were notified in case families needed support. If your family needs technology support, please notify us immediately or contact your district CPSE or CSE chairperson.

## ICD VISITOR POLICIES AND PROCEDURES

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### **Essential Visitors vs. Nonessential visitors**

As of 6-15-20, NO nonessential visitors or volunteers will be allowed in the building for the health and safety of the children and staff. Every visitor/volunteer considered “essential” will need to be approved by Drs. Cavalari or Gillis Mattson. If an appointment has been approved for scheduling by either Dr. Cavalari or Dr. Gillis Mattson, the attendees are considered approved essential visitors for that specific appointment. Approval for one visit does not allow blanket permission for access to our building at other visits unless those are also approved formally by the directors.

### **Mandated ICD Daily Visitor Health Questionnaire & Temperature check upon arrival**

Parents/legal guardians, \*contracted staff, and pre-approved visitors (i.e., outpatient therapy clients, evaluation clients) are considered essential visitors and will be required to complete a Mandated ICD Daily Visitor Health Questionnaire (link: <https://forms.gle/CsDBPqXqqZ6FXoqu5>) prior to entering the main building.

\*As of 6-15-20 and until further notice, all contracted staff will follow the same guidelines as ICD staff with the exception of using the Mandated ICD Daily Visitor Health Questionnaire as per above rather than the ICD Staff questionnaire.

All essential visitors must also undergo a temperature check using a touchless, infrared thermometer upon arrival to ICD. All visitors will be required to wash their hands/use sanitizer upon entry into the building and to wear a mask/face covering throughout the duration of their time in the building (all adults and children ages two and older, regardless of vaccination status). Reception staff will sign essential visitors in and out. All visitor lanyards will be replaced by single-use visitor stickers and the reception staff will write all essential visitor information into the visitor logs to avoid shared pen use.

Only two parent/guardian/approved adults will be permitted to accompany an approved child visitor while in the building, unless otherwise approved by the directors. Additional caregivers are not to be admitted to the waiting area and cannot stay in the building while the approved essential child visitor and adult are in the building without express permission of the directors.

If essential visitors show or report symptoms related to COVID-19 or have a fever of 100 degrees or higher based on the temperature check, the visit will be terminated and the identified person will need to leave the building. The visit can be rescheduled by calling 607-777-2829.

All rooms used with visitors will be disinfected upon departure of the visitor as confirmed by the ICD staff member who accompanied them at their appointment. ICD staff must tell reception when the visitor has departed and what room(s) should be disinfected. Each room with scheduled visitor appointments will have a **Visitor Appointment Disinfection Log** posted to the door where it will be indicated who hosted the appointment, the date and time of the appointment, the date and time the room was disinfected after departure, and the staff responsible for disinfecting the room. It is possible that the hosting staff person will be told that they need to disinfect the room if office staff are unavailable given demands at the time reception is notified. Each room must be disinfected within 15 minutes of notification that the visitor has departed.

## ICD CRITICAL RESPONSE POLICY - What happens if someone is sick as of 1/18/22

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In accordance with guidelines and recommendations from NYSED and NYSDOH, the following strategies and mandates are in place:

### PREVENTATIVE MEASURES:

#### Increased levels of communication and transparency:

Since 3/3/2020, we continue to update parents/caregivers, ICD staff and school districts concerning our response and plans for maintaining the health and safety of our staff and students from COVID-19. As new information becomes available, we will continue to release letters, memos, and other forms of communication to all necessary parties.

#### Per NYSDOH, definitions of quarantine and isolation are as follows:

**Isolation** is for individuals who have been *infected* with COVID-19, even if they don't have symptoms. You isolate in order to prevent spreading the virus to others.

**Quarantine** is for someone who has been exposed to the Covid-19 virus through close contact with someone who is infected, but has not tested positive for COVID-19 and does not have symptoms. Quarantine is important because even before a person has tested positive for COVID-19 or has any symptoms, they can spread the virus without knowing.

#### Quarantine:

**Travel-related quarantine guidance:** Asymptomatic travelers entering New York from another U.S. state or territory **are no longer required** to test or quarantine as of April 1, 2021. Quarantine, consistent with the CDC recommendations for international travel, is **still recommended** for domestic travelers who are not fully vaccinated or have not recovered from laboratory confirmed COVID-19 during the previous 3 months. Symptomatic travelers must immediately self-isolate and contact the local health department or their healthcare providers to determine if they should seek COVID-19 testing.

As of June 25, 2021, the New York State Travel Advisory is no longer in effect. Travelers are no longer required to submit traveler health forms; however, all travelers (domestic and international) are encouraged to continue following all CDC travel requirements per NYSDOH.

**Exposure-related quarantine guidance:** NYSDOH, including the local department of health may require staff or students to be in quarantine if they are exposed to or suspected to have been exposed to COVID-19. As of 7/24/20 these guidelines remained the same. As of 1/14/22, suspected or known exposure now requires a 5-day quarantine from the date of contact with an infected person "...without a testing requirement as long as no symptoms have been reported during the quarantine period. After day 5 is reached, individuals must continue monitoring for symptoms through day 10 and if any develop, they should immediately self-isolate and contact the local health department or their healthcare provider to report this change and determine if they should seek testing."

[https://coronavirus.health.ny.gov/system/files/documents/2022/01/IsolationQuarantineFAQ\\_1.14.22.pdf](https://coronavirus.health.ny.gov/system/files/documents/2022/01/IsolationQuarantineFAQ_1.14.22.pdf)

#### Required Documentation for Quarantine & Release

Any staff or student who is under quarantine **due to being a close contact of a positive COVID-19 case** must provide documentation **using the NYSDOH Affirmation of Quarantine form. This change is**



because NYSDOH believes that high case rates and shortened quarantine periods will not allow local health departments to engage in contact tracing as before; their new focus is on case investigation of specific situations deemed in need of health department resources. The NYSDOH Affirmation of Quarantine form can be found in the appendices of this handbook and can also be downloaded at: [https://coronavirus.health.ny.gov/system/files/documents/2022/01/Affirmation\\_Of\\_Quarantine\\_011222.pdf](https://coronavirus.health.ny.gov/system/files/documents/2022/01/Affirmation_Of_Quarantine_011222.pdf)

*It is important that staff or caregivers of students email the NYSDOH Affirmation of Quarantine form to [icddes@binghamton.edu](mailto:icddes@binghamton.edu) and receive confirmation that it was received before returning to ICD.*

### **Required Documentation for Isolation & Release**

Any staff or student who is required to isolate due to testing positive for COVID-19, must provide documentation using the NYSDOH Affirmation of Isolation form. This form is only to be used when someone tests positive for COVID-19. The NYSDOH Affirmation of Isolation form can be found in the appendices of this handbook and can also be downloaded at:

[https://coronavirus.health.ny.gov/system/files/documents/2022/01/affirmation\\_of\\_isolation\\_011222.pdf](https://coronavirus.health.ny.gov/system/files/documents/2022/01/affirmation_of_isolation_011222.pdf)

**Per the CDC, people who have been in close contact with someone who has COVID-19—excluding people who have had COVID-19 within the past 3 months or who are fully vaccinated and boosted— must quarantine.** Please see <https://www.cdc.gov/coronavirus/2019-ncov/if-you-are-sick/quarantine.html> for more information.

- In general, a “close contact” is anyone who is within 6 feet of an infected person for a cumulative total of 15 minutes or more over a 24-hour period (for example, three individual 5-minute exposures for a total of 15 minutes).

**NYSDOH Guidelines are consistent with the CDC as of the date of this update: Please see [New York State’s Approach to Isolation and Quarantine](https://coronavirus.health.ny.gov/new-york-state-contact-tracing) at <https://coronavirus.health.ny.gov/new-york-state-contact-tracing>**

### New York State Approach to COVID-19 Quarantine

- Who does Not Have to Quarantine After Close Contact with Someone With COVID-19?
  - Anyone ages 12 or older and who has received all CDC recommended COVID-19 vaccine doses, including boosters if eligible and additional primary shots for some immunocompromised people.
  - Anyone ages 5-11 years old who has completed the primary series of COVID-19 vaccines.
  - Anyone who has had confirmed COVID-19 within the last 90 days (tested positive using a viral test, e.g., antigen or PCR).
- What To Do if Not Subject to Quarantine:
  - Wear a well-fitting mask around others for 10 days from the date of last close contact with someone with COVID-19 (the date of last close contact is considered day 0).
  - Get tested at least 5 days after the date of last close contact with someone with COVID-19. If test is positive or COVID-19 symptoms develop, isolate from other people and follow recommendations in the Isolation section of this guidance document.

- Anyone who had COVID-19 within the last 90 days and has since recovered and remained symptom free, does not need to get tested after close contact with someone with COVID-19.
- Who Has to Quarantine After Close Contact With Someone With COVID-19?
  - Anyone ages 12 or older who has completed the primary series of recommended vaccine, and is eligible for a CDC recommended booster shot but has not received it.
    - **However, these individuals may attend or work at school, where multi-layer mitigation strategies are in place. See School (K-12) section document for further guidance.**
  - Anyone who has not completed a primary vaccine series.
  - Anyone who is not vaccinated.
- How to Quarantine
  - Stay home and away from other people for at least 5 days (day 0 through day 5) after the date of the last contact with a person who has COVID-19. The date of contact (exposure) is considered day 0.
  - Wear a well-fitting mask when around others at home, if possible.
  - For 10 days after the date of the last close contact with someone with COVID-19, watch for fever (100.4°F or greater), cough, shortness of breath, or other COVID-19 symptoms.
  - If symptoms develop, get tested immediately and isolate until test results arrive. If test result is positive, follow recommendations in the Isolation section (below).
  - If symptoms do not develop, get tested at least 5 days after the date of last close contact with someone with COVID-19.
    - If test results are negative, quarantine can end, but continue to wear a well-fitting mask when around others at home and in public until 10 days after the date of the last close contact with someone with COVID-19.
    - If test results are positive, isolate for at least 5 days from the date of the positive test (date of test, not date results received).
    - Quarantined individuals should make every effort to get tested at least 5 days after exposure, even if asymptomatic. If it is not possible to get a test 5 days after the last close contact with someone with COVID-19, quarantine can end after day 5 **if** there have been **NO** COVID-19 symptoms throughout the 5-day period. Continue to wear a well-fitting mask when around others at home and in public until 10 days after the date of the last close contact with someone with COVID-19.
    - Avoid people who are immunocompromised or at high risk for severe disease, and nursing homes and other high-risk settings, until after at least 10 days.
  - If possible, stay away from people in the home, especially people who are at higher risk for getting very sick from COVID-19, as well as others outside the home throughout the full 10 days after the date of the last close contact with someone with COVID-19.
  - All children under the age of 2 years, who are not recommended to wear masks, **as well as others who cannot wear a well-fitting mask for any reason** should continue to quarantine for 10 days. During this time, avoid people who are immunocompromised or at high risk for severe disease, or living in nursing homes and other high-risk settings.
  - Do not travel during the 5-day quarantine period. Before resuming travel, get tested at least 5 days after the date of the last close contact with someone with COVID-19, receive a negative test result, and be symptom free for all 5 days of quarantine. If it is not possible to get a test, delay travel until 10 days after the date of the last close contact with

- a person with COVID-19. If travel must occur before the 10 days are completed, continue to wear a well-fitting mask when around others for the entire duration of travel during the 10 days. Anyone unable to wear a mask should not travel during the 10 days.
- Do not go to places where wear a mask cannot be worn, such as restaurants and some gyms, and avoid eating around others at home and at work until after 10 days after the date of the last close contact with someone with COVID-19.
- After Quarantine
  - Watch for symptoms until 10 days after the date of the last close contact with someone with COVID-19.
  - If symptoms develop, isolate immediately and get tested.

### Quarantine Exception for Schools (K-12)

Exposed fully vaccinated students, teachers, and staff who must quarantine because they did not receive a CDC recommended booster when eligible **can attend or work at school** during the quarantine period where masking, distancing, etc. is monitored and enforced. However, these individuals must continue to quarantine as otherwise required outside of academic instruction periods in school. Extra-curricular, after-school, or community activities are not permitted during quarantine. Individuals attending or working at a school with a test-to-stay program should participate in that program. If the school does not have a test-to-stay program, then it is strongly encouraged that these individuals test at days 2-3 (or the first school day after the exposure is identified) and day 5. This guidance also applies to pre-K classes when located in schools with older grades, but it does not apply to other early childhood care settings.

### New York State Approach to COVID-19 Isolation

- Who Has to Isolate?
  - People who are confirmed to have COVID-19 or are showing symptoms of COVID-19 need to isolate regardless of their vaccination status. This includes:
  - People who have a positive viral test (e.g. antigen or PCR) for COVID-19, regardless of whether or not they have symptoms.
  - People with symptoms of COVID-19, including people who are awaiting test results or have not been tested. People with symptoms should isolate even if they do not know if they have been in close contact with someone with COVID-19.
- How to Isolate
  - Stay home, in a separate room from other household members if possible, for at least 5 full days (day 0 is the first day of symptoms or the date of the day of the positive test for asymptomatic persons).
  - Use a separate bathroom if available.
  - Wear a well-fitting mask when it is not possible to be separate from others in the home.
  - Monitor your symptoms. If you have an emergency warning sign (including trouble breathing), seek emergency medical care immediately.
  - Take steps to improve ventilation at home, if possible.
  - Avoid contact with other members of the household and pets.
  - Don't share personal household items, like cups, towels, and utensils.
- Ending Isolation
  - *For people who had symptoms but were not hospitalized for COVID-19*
    - Isolation ends after 5 full days if the individual is fever-free for 24 hours without the use of fever-reducing medication and other symptoms have improved (Loss of

taste and smell may persist for weeks or months after recovery and need not delay the end of isolation).

- Continue to wear a well-fitting mask around others at home and in public for 5 additional days (day 6 through day 10) after the end of the 5-day isolation period.
- All children under the age of 2 years, who are not recommended to wear masks, as well as others who cannot wear a well-fitting mask for any reason, must isolate for a full 10 days. Avoid people who are immunocompromised or at high risk for severe disease, and nursing homes and other high-risk settings, until after at least 10 days.
- If fever continues or other symptoms have not improved after 5 days of isolation, continue to isolate until there is no fever for 24 hours without the use of fever-reducing medication and other symptoms have improved. Continue to wear a well-fitting mask when around others in the home. Consider contacting a healthcare provider.
- Do not travel during the 5-day isolation period. After isolation ends, avoid travel until a full 10 days after the first day of symptoms. If travel on days 6-10 cannot be avoided, wear a well-fitting mask when around others for the entire duration of travel. Anyone unable to wear a mask should not travel during the 10 days.
- Do not go to places where wear a mask cannot be worn, such as restaurants and some gyms, and avoid eating around others at home and at work until after 10 days after the date of the last close contact with someone with COVID-19.
- Testing to end isolation is not required. If an individual has access to a test and wants to test, the best approach is to use an antigen test<sup>1</sup> towards the end of the 5-day isolation period if fever-free for 24 hours without the use of fever-reducing medication and other symptoms have improved (loss of taste and smell may persist for weeks or months after recovery and need not delay the end of isolation). If test result is positive, continue to isolate until day 10. If test result is negative, isolation can end, but continue to wear a well-fitting mask around others at home and in public until day 10. Follow additional recommendations for masking and restricting travel as described above.
- *For people who did not have symptoms*
  - Isolate for at least 5 days. Day 0 is the day of the positive test and day 1 is the first full day after the specimen was collected for your positive test.
  - Isolation ends after 5 full days if no symptoms develop.
  - Continue to wear a well-fitting mask around others at home and in public until day 10 (day 6 through day 10).
  - All children under the age of 2 years, who are not recommended to wear masks, as well as others who cannot wear a well-fitting mask for any reason, must isolate for a full 10 days. Avoid people who are immunocompromised or at high risk for severe disease, and nursing homes and other high-risk settings, until after at least 10 days.
  - If symptoms develop after testing positive, the **5-day isolation period should start over**. Day 0 is the first day of symptoms. **Follow the recommendations above for ending isolation for people who had COVID-19 and had symptoms.**
  - Do not travel during the 5-day isolation period. After isolation ends, avoid travel until a full 10 days after the first day of symptoms. If travel on days 6-10 cannot

be avoided, continue to wear a well-fitting mask when around others for the entire duration of travel. Anyone unable to wear a mask should not travel during the 10 days.

- Do not go to places where wear a mask cannot be worn, such as restaurants and some gyms, and avoid eating around others at home and at work until after 10 days after the date of the last close contact with someone with COVID-19.
- Testing to end isolation is not required. If an individual has access to a test and wants to test, the best approach is to use an antigen test towards the end of the 5-day isolation period. If test result is positive, continue to isolate until day 10. If test result is negative, isolation can end, but continue to wear a well-fitting mask around others at home and in public until day 10. Follow additional recommendations for masking and restricting travel as described above.

Additional details regarding immunocompromised or hospitalized individuals can be found here: [https://coronavirus.health.ny.gov/system/files/documents/2022/01/Quarantine%20and%20Isolation%20Guidance\\_1.14.22.pdf](https://coronavirus.health.ny.gov/system/files/documents/2022/01/Quarantine%20and%20Isolation%20Guidance_1.14.22.pdf)

**\*\*We recognize that much of this new information is very confusing to our staff and families. To help with faster and easier understanding, we have included a simple case-by-case flowchart in the appendices of this handbook based on relevant sections of guidance charts from NYSDOH. Please refer there for guidance.**

#### **Staff/student illness:**

Students and staff are encouraged to stay home if they are sick or showing symptoms of COVID-19 (in accordance with Education Law). This has been conveyed in memos to staff, letters to parents, and announcements at school. All staff and parents of students are notified about updates on ICD's response to the COVID-19 situation. *Documentation of these efforts can be obtained upon request.* Please see additional symptom screening and symptom list in earlier sections of this [ICD COVID-19 Policy & Procedures Handbook](#).

1. If a staff or student is sick, stay home. (This is in accordance with Education Law 906(1))
  - a. COVID-19 is considered a significant threat to public health and has been added to the Public Health Law.
  - b. Under this law, schools have the authority to exclude students or staff who show symptoms of COVID-19. Note that ICD does not have authority to exclude someone who is asymptomatic unless the person is under mandatory quarantine.
2. If a staff member feels symptomatic or symptoms are noted by others at work, the staff member will be asked to isolate promptly and **will be offered a rapid antigen self-administered test or sent home to seek testing if rapid tests are no longer available at ICD.** If isolation is necessary while awaiting transportation, we have designated a pre-departure room or staff may wait outside if the weather is appropriate. **Rooms 101J, 101H, or the nurse's office** can be used unless another room has been identified as the preferred location. The nurse's office should only be used if absolutely necessary since children who require nursing treatment may need to visit that space rather than receive such care in a classroom environment for privacy and confidentiality reasons. Travel to the nurse's office should be substantially minimized to reduce possible contact exposure.

- a. Note that the pre-departure room will be disinfected once staff depart (Assistant to the Director or office support staff). Please continue to use a face mask while waiting in the room.
3. If a student feels symptomatic or symptoms are noted by others, the student will be isolated promptly in the pre-departure room (as noted above- **Rooms 101J, 101H, or the nurse's office or another designated room per director determination for necessity**) with **a designated staff member** until transportation arrives. If the school nurse is available, the nurse will evaluate the student's symptom presentation and recommend referral as necessary; if the nurse is not available, the student's parent must complete follow-up with a medical provider. **Parents will be offered the option to come to ICD to administer a rapid test to their child in the pre-departure room with the nurse or senior staff observing outside the room through the glass panel or take their child home to seek follow-up with a medical provider. If a negative test result is obtained, the child may be permitted to return to the classroom the next school day assuming their symptoms improve (i.e., being in school while sick is not beneficial to a child, no matter what the cause).** Face masks continue to be required for staff. Additional PPE (i.e., face shield, disposable gown pending available supplies) will also be available to attendant staff. Face masks should be used, if possible, by child unless a medical mask exemption is on file.
  - a. Note that the room will be disinfected once staff depart (Assistant to the Director or office support staff).
  - b. If we have a note from the child's medical provider on file that is consistent with a prior symptom pattern that may overlap with COVID-19 symptoms (i.e., clear runny nose, light cough – as related to seasonal allergies), we will call the parent to notify them of what we are seeing but may not require isolation and early dismissal. However, medical provider notes must be up-to-date (i.e., within the last year).
    - i. If the symptoms observed by our staff are different than those observed previously for the documented condition, the parent/legal guardian **are required** to pick up their child. Family cooperation with this requirement is expected and appreciated. Failure to comply with this aspect of our health and safety plan will require follow-up meetings with the student's referring CSE/CPSE.
4. **\*\*\*Our staff** will not directly test students or staff to identify cases of COVID-19**\*\*\* We will provide rapid antigen self-administered testing kits as an option for parents to use with their child or to staff who are symptomatic and are leaving work while supplies are available from NYSDOH.** Recommendations for testing locations are also provided in earlier sections of this handbook. If required to see a health care provider due to symptom concerns, that health care provider may also specify testing locations to the affected student's family or the staff person. Please stay home if you or your child is sick and seek testing as advised if contacted to do so.

### Contact Tracing

ICD is prepared to communicate actively and supportively with **local health departments** and NYSDOH for all contact tracing efforts as related to COVID-19 positive identified cases. Critical staff members listed at the beginning of this handbook will be assisting state and county agencies for contact tracing. Confidentiality will be maintained as per federal and state regulations.

We will notify our staff and families via emergency alert systems and email (or phone if necessary) that they should cooperate with all contact tracing efforts by answering the phone if they receive a call from



“NYS Contact Tracing” (518-387-9993). Information about the NYS Contact Tracing Program can be found at <https://coronavirus.health.ny.gov/new-york-state-contact-tracing>.

**A contact tracer will:**

NEVER ask for your Social Security number

NEVER ask for any private financial information

NEVER ask for credit card information

NEVER send you a link without proper authentication procedures

As of 1/14/22, NYSDOH indicated that local health departments were given permission to reduce contact tracing efforts and focus on case investigations (i.e., follow-up calls with positive cases to assess impact with emphasis on congregate settings and other areas of rapid spread concern). Contact tracing is specific to contacting all the people who may have had close contact with someone who tested positive. It is very possible that close contacts will not receive any communication from their local health department about their situations. ICD critical staff will communicate with families and staff when COVID-19 positive cases occur on site within the infectious period. Staff or students who test positive but were not at ICD will not prompt activation of our emergency communication system.

Per NYSDOH ([https://coronavirus.health.ny.gov/system/files/documents/2022/01/IsolationQuarantineFAQ\\_1.14.22.pdf](https://coronavirus.health.ny.gov/system/files/documents/2022/01/IsolationQuarantineFAQ_1.14.22.pdf)), “New Yorkers may not receive a call from a public health worker if they test positive for COVID-19 or were exposed to COVID-19, but there are important steps you should take to protect yourself and those around you.” If our critical staff at ICD contact you and inform you to isolate or quarantine, please follow those instructions. If you take an at-home or self-administered test with a positive result and would like a quick and easy way to help you ensure adequate isolation, please go to Broome County’s website (<https://www.gobroomecounty.com/hd/coronavirus>) and scroll down to “Report a COVID-19 Positive Case.” Follow the instructions to complete the online form to get documentation emailed or texted to you.

ICD does not manage nor interact with Broome or NYSDOH’s systems. All staff and students will still be required to complete the specific NYSDOH Affirmation of Isolation or Affirmation of Quarantine forms, email them to [icddes@binghamton.edu](mailto:icddes@binghamton.edu), and receive a confirmation that the completed form was received before returning to ICD.

**Hygiene and Cleaning:**

We will continue to impress upon staff the value and importance of hand hygiene and respiratory etiquette. Hand sanitizing stations, wipes, and bottles will be located throughout the building for both students and staff. To accomplish this, we have purchased an increased amount of hygiene and cleaning supplies and will continue to purchase necessary amounts to help to maintain the health and safety of our staff, students, and visitors.

We have received additional supplies that are usually provided by the university such as paper towels, garbage bags, and hand soap for bathrooms. Our staff are willing to maintain adequate levels of these supplies by replacing paper towels and hand soap and taking out the garbage during the day.

As of 3/3/2020, additional cleaning supplies and antibacterial wipes, including hand sanitizers, have been purchased. Hand sanitizing stations have been moved to strategic locations with instructions for proper use throughout the building.

As of 3/9/2020, all staff and visitors to ICD will be required to wash their hands in the reception area restroom prior to entering the main building. Reception staff will monitor and direct individuals to engage in this important procedure.

As of 3/11/2020, additional daily cleaning by ICD staff will occur for all high contact surfaces. The reception areas where there is the most traffic will be disinfected and cleaned multiple times per day (at least 4). These are measures in addition to the normal, routine daily cleaning in the evening by Physical Facilities.

As of 6/25/20, students will wash hands upon entering their classrooms. Students and staff will wash hands before meals, after meals, after gym/APE, at entry and exit from the SLC, and any other time deemed appropriate including all transitions between locations and if sneezing, coughing, or touching their faces.

Informational flyers and posters on handwashing guidelines have been placed in all bathrooms and throughout other locations in the buildings to serve as reminders to students, staff and visitors. Informational handouts on COVID-19 from the CDC were distributed to all staff on 3/10/20 and sent home with all students on 3/11/20. Additional informational flyers are being sent home with students or mailed if the students are not in attendance during the week of 7/20/20. Copies will be available to all new students enrolling at later dates and staff as well.

### **COVID Testing**

In order to comply with the NYSDOH requirement of daily reporting for schools, any student or staff person who undergoes a COVID test, precautionarily or required, must notify senior leadership via email at [icddes@binghamton.edu](mailto:icddes@binghamton.edu) or [icdpgdir@binghamton.edu](mailto:icdpgdir@binghamton.edu) as soon as possible. This allows accurate information to be submitted about the number of students and staff who were tested each day. At this time, we are not conducting on site tests at ICD, so staff and family notification of our team with regard to testing patterns is needed. Students' families and staff will be given direction as to whether or not results of the test need to be communicated before they can return to ICD. *Staff must **also** complete the required Google form (<https://forms.gle/r5C8bH4vRSrhXu8t8>).*

### **REQUIRED CLOSING DUE TO COVID-19 OR OTHER REASON REQUIRING A CLOSURE:**

#### **ICD Closures:**

ICD will be closed and all activities suspended under the following conditions:

- 1) the Governor/NYSED closes BU Campus or closes the CUTE school
- 2) the local county department of health (Broome) requires ICD to close
- 3) more than 50% of ICD professional staff call in sick
- 4) overall staff absenteeism exceeds 30% for regularly employed direct care (classroom) staff with no substitute staff available

ICD will follow NYSDOH and NYSED guidelines for closing. When a student or staff member attended school prior to being confirmed as a COVID-19 case, NYSDOH requires **schools to investigate who might be considered a close contact. ICD's critical staff will make every effort to maintain in-person**



services while safely dismissing any students or staff members who need to leave the building given parameters detailed above from NYSDOH for quarantine and isolation. Any classrooms or work areas that are identified as areas of concern in the building will not be allowed to be used until overnight additional cleaning occurs while we remain open. However, if the risk is substantial due to staffing reductions to comply with quarantine and isolation guidelines, we may be required to close as per above.

Upon notice of a required closure, ICD will inform Harpur Dean's office (Dean Celia Klin), Research Foundation (Tom Popielarski and Mary Beth Curtin), Psychology Department Chair (Lisa Savage), Sacha Sigelman-Schwartz, and any other University personnel requested by Research Foundation leadership via email. Parents/caregivers of students and staff, transportation staff, and school districts of our students, will be notified via our text and email alert systems or by phone if they have not opted into these systems for any reason. In addition, announcements of the closure will be posted on WBNG school closings notifications, a message will be left on our answering machine and a written notice on our doors to the building. These communications will be updated on a daily basis as new information becomes available to ICD.

Upon **identification of a positive case**, ICD will immediately contact Sacha Sigelman-Schwartz at Physical Facilities at BU to request for a thorough cleaning and disinfection of the **affected areas of the building** in accordance with NYSDOH guidelines. This will be completed prior to **those rooms or work areas being used again**. If we are closed by the state or county, no one will return to the ICD building until the closing party gives permission to do so. Once clearance and permission to reopen the building is provided, University Personnel, ICD Families and Students, ICD Staff, School Districts and Transportation will be notified.

If there is a situation during the day where professional staff are sent home due to illness or other permissible emergency absenteeism situations and we reach the threshold of 50% professional staff absent midway through the day, an emergency early dismissal is possible.

If on any given day overall staff absenteeism exceeds 30% for regularly employed direct care (classroom) staff and there is no supplemental support available via part-time/substitute staff and senior leadership staff that would offset the ratio of staff-to-student need, all parents and transportation providers will be notified that in-person services cannot be held that day. It would be deemed unsafe to allow children to attend if staffing were limited at a rate of 30% absences, as social distancing and other protective protocols would not be feasible. Notification of families and transportation providers will occur before 8:00 AM unless there are extenuating circumstances. All staff will still report to work as usual if there is a transition to virtual school due to general staffing ratio imbalances. The change to the percentage of direct care staff absenteeism rates is based on our ability to hire additional team members and part-time or substitute aides and is subject to change at any time based on the safety needs of our staff and students.

*\*\*Please note that 30% overall classroom staff and 50% professional staff absences will result in use of snow days to accommodate full facility closures. As such, consistent with typical snow day policy - if snow days are exhausted during the year due to emergency closures, make-up days will be pulled from planned breaks or additional school days may be added to the end of the calendar year to fulfill our 180-day minimum school year length requirement.*

### **Conditions for immediate transition to virtual services**

**In certain situations, it is possible that we may ask staff and students to report virtually.** In an effort to ensure children are in school and benefitting from services, we will attempt to reduce disruption of in-person services as much as possible. If we are able to clear “close contact” staff and students from the building and continue to have enough staff to operate in-person services safely in other classrooms, ICD **will** not transition to virtual services with the exception of offering virtual services to students and their families who are on mandatory quarantine/isolation **(and are well enough to participate).**

**It is important to note that staff absences are impactful to our programs in terms of staff-to-student ratios. If a classroom of students is on quarantine, that reduces the number of staff who need to be available in our building (i.e., teacher for virtual supports for that room only). Determinations about whether to remain open versus closing and accessing snow day allocations will be made on a case-by-case basis. It is possible that there may be situations where few students are able to attend but staff are available to come on site and provide virtual school supports to children in quarantine/isolation. The likelihood of staff being asked to report virtually (i.e., from a location other than ICD) is slim to none. Staff should report to work in-person but to be prepared to deliver any modality of services to meet the students’ needs. We will be thoughtful and supportive of all students and their family’s preferences and needs during this period as well as our staff’s mental, physical, and emotional wellbeing.**

Staff, students and families, transportation providers, and community stakeholders will be contacted by email and/or telephone or text alert periodically during any transitions as per above.

### **HUMAN RESOURCES INFORMATION FOR STAFF**

#### **Payroll during closing**

As of 3/11/2020, if ICD is forced to close for one of the emergency-related reasons listed in the above section, ICD will use a remaining “snow days,” which are days intended to be used for emergency situations that prevent students and staff from attending school safely. *Staff will not be charged for the day unless they have already requested time off and received approval.* These are the same attendance policies for snow days. The majority of ICD staff do not accrue vacation time. Thus, if ICD must hold school on days that were designated as “spring break” or a “holiday,” staff will be mandated to report to work for these days. If a full program closure occurs in an Extended School Year session, additional service days beyond the predicted calendar end date for ESY will be added to the calendar unless instructed otherwise by NYSED or the NYS Governor’s Office. This situation will be updated as needed or as required by NYSED or NYSDOH.

As of 7/24/20, staff should refer to the Research Foundation for SUNY COVID-19 Guidance and FAQs website to understand benefits and options during the COVID-19 pandemic (<https://www.rfsuny.org/About-Us/COVID-19/>). These resources clarify options for telecommuting, use of accrued sick leave, and conditions under which Emergency COVID-19 Paid Sick Leave can be accessed for mandatory or precautionary orders of quarantine). Staff are encouraged to consult with RF for SUNY Binghamton HR as to their available options and accurate reporting. *Telecommuting arrangements are ONLY available for COVID-19 related circumstances at the present time. Please contact Dr. Cavallari for questions.*

### **I am sick. How do I report my time and leave?**

If you are sick (and you do not have COVID-19), please use regular sick leave. If you are sick due to COVID-19, then please use the appropriate COVID-19 sick code. Documentation from a healthcare provider may be required. Please contact RF's Human Resources office to report this and also with any specific concerns you may have. Remember that HR will maintain your confidentiality and questions about your privacy and confidentiality can be directed to them.

**For Exempt staff (professional staff)-** You will continue to report using the electronic timecard as always. If you are ill, make sure to select staff illness (if you do not have COVID-19) or if you are sick due to COVID-19, then use the appropriate COVID-19 sick code. If you are using sick time for part or a whole day, please email [icddes@binghamton.edu](mailto:icddes@binghamton.edu), so the information will be in our records and we can find coverage if need be. If you are approved to telecommute, you would not enter leave codes for hours worked while telecommuting – i.e., consider yourself working as per usual so do not enter leave. You will also need to submit a specialized time study sheet for activities completed daily so that supervisor approval of your time can be vetted. All staff must still follow call-out policies since the voicemail is monitored daily by designated staff; *email alone is not sufficient for staffing readiness decisions*. Texting as a method of reporting oneself absent is not appropriate under any circumstances.

**For Non-Exempt staff & Hourly Staff (paraprofessional staff)-** You will continue to report using the electronic timecard as always. If you are ill, make sure to select staff illness (if you do not have COVID-19) or if you are sick due to COVID-19, then use the appropriate COVID-19 sick code. If you are using sick time for part or a whole day, please email [icddes@binghamton.edu](mailto:icddes@binghamton.edu), so the information will be in our records and we can find coverage if need be. All staff must still follow call-out policies; *email alone is not sufficient for staffing readiness decisions*. Texting as a method of reporting oneself absent is not appropriate under any circumstances.

Staff should not list comments in e-Time regarding virtual versus in-person. Remember that RF e-Time cards are purely for hours-worked and leave accrual reporting. ICD will require that time spent for approved telecommuting situations be documented by time study sheets that pertain explicitly to expectations of our internal staff manuals and job tasks. Follow guidelines explicitly.

### **COVID-19 sick codes**

If you have COVID-19 or are exposed to someone diagnosed with COVID-19 and are required to be quarantined per medical personnel, you need to let us know ASAP. We will need to report this to RF so they can respond accordingly. Asymptomatic staff on quarantine will be able to discuss telecommuting options unless no longer permitted per RF policy.

### **Return to work**

**Please refer to all prior sections on isolation, quarantine, and required documentation for return to work.** Per ICD guidelines **if an employee is sent home due to symptoms of COVID-19**, employees MUST do one of the following in order to return to work:

- Provide a doctor's note with their full name and approval to return (required if staff is out for 5 or more workdays per RF policy at time of this revision) **OR**
- Provide a screenshot, photo, or PDF of COVID testing results that shows staff's name, the date of the test, and the result (negative) as an email attachment to the Director of Educational Services. All

records of results are forwarded to RF HR for documentation of return-to-work clearance by the DES.

### **COVID-19 Vaccination Leave Law**

On March 12, 2021, Governor Cuomo signed a new law that allows employees to take up to four hours off from work with pay to get vaccinated for COVID-19. This law applies to public and private employers, including the Research Foundation. Employees may take paid leave of up to four (4) hours per COVID-19 vaccine injection. Not all employees will need the full four hours and will be granted the appropriate amount of leave, not to exceed four hours. This is a separate paid leave category and will not come from existing paid time off accruals. Employees are entitled to this leave for vaccinations scheduled during their regular work hours. **CUTE staff are asked to schedule vaccination appointments outside child hours as much as feasible.** Employees who undergo vaccinations outside their regular work schedules do so on their own time.

For employees who use this leave to get the COVID-19 vaccine and use the e-Time Reporting system, please record “Non Worked” time with an absence reason of “COVID Vaccine” on your time reporting document.

As with any paid time off, employees should notify their supervisor in advance of the need for this leave. The new leave entitlement is effective March 12, 2021 and will expire on December 31, 2022. Eligible employees who received the vaccine prior to March 12 should use accrued paid time off as appropriate. Please contact RF HR should you have any questions.

### **Critical employee list in the event of a health or facility emergency during the pandemic (i.e., employees that can be on site in the event of a closure due to necessity of their positions):**

Jennifer Gillis Mattson  
Rachel Cavalari  
Lisa Arnone  
Michael Purdy  
Michele Gatliff

### **Quick Links for Frequently Used Google Forms for Staff**

ICD Daily Staff Health Questionnaire: <https://forms.gle/P4xc1pE6YqZeVcNg6>

- Use this link to access the required daily health questionnaire before reporting to work and entering the building. If you experience a one-time technology problem and cannot complete before entering the building, you should email [icddes@binghamton.edu](mailto:icddes@binghamton.edu) immediately and complete your questionnaire on a device in our reception area. You may NOT enter the main hallway and clock-in unless your health questionnaire is confirmed as submitted.

ICD Staff Report of COVID Testing: <https://forms.gle/ZfrEuotRPoYeQaMs8>

- Use this link to report the occurrence of the **each COVID-19 test** (i.e., antigen, rapid NAAT, PCR/NATT & screening or diagnostic) to ensure adequate reporting on the number of staff tested each day for NYSDOH School Survey compliance. Emailing a senior leadership member does not waive you from needing to complete this form.



# Department of Health

KATHY HOCHUL  
Governor

MARY T. BASSETT, M.D., M.P.H.  
Acting Commissioner

KRISTIN M. PROUD  
Acting Executive Deputy Commissioner

## AFFIRMATION OF QUARANTINE

### COMPLETE THIS FORM IF YOU OR YOUR CHILD OR DEPENDENT:

- HAS BEEN IDENTIFIED AS A CLOSE CONTACT TO A COVID-19 POSITIVE PERSON DURING THEIR CONTAGIOUS PERIOD **AND**
- WAS NOT UP TO DATE ON COVID-19 VACCINATION, INCLUDING BOOSTER SHOT, AT THE TIME OF EXPOSURE TO A COVID-19 POSITIVE PERSON DURING THEIR CONTAGIOUS PERIOD **AND**
- HAVE BEEN IN QUARANTINE.

I, (print name) \_\_\_\_\_, do hereby affirm that I or my child or dependent quarantined from (date) \_\_\_\_\_ through (date) \_\_\_\_\_ consistent with guidance issued by the New York State Department of Health (NYSDOH) and Centers for Disease Control and Prevention (CDC). As per NYSDOH and CDC guidance, I or my child or dependent was identified as a close contact to a COVID-19 positive person during their contagious period and was not up to date on COVID-19 vaccination, including booster shot, at the time of exposure.

I or my child or dependent quarantined for five (5) days following the last day of exposure to the COVID-19 positive person and have remained asymptomatic during the five (5) days.

- Day 1 of quarantine begins the day after my or my child's or dependent's last day of exposure to the COVID-19 positive person.

Name of Person in Quarantine: \_\_\_\_\_

Date of Birth of Person in Quarantine: \_\_\_\_\_

Last Day of Exposure to the positive COVID-19 Person: \_\_\_\_\_


Sworn and subscribed by me on (today's date) \_\_\_\_\_

\_\_\_\_\_  
(SIGNATURE)

### NOTE:

YOUR SIGNATURE DOES NOT HAVE TO BE ACKNOWLEDGED BY A NOTARY PUBLIC; YOU ARE SWEARING UNDER PENALTY OF LAW TO THE VERACITY OF THE INFORMATION YOU HAVE PROVIDED ON THE FORM.

**This affirmation be sworn to as indicated, then based solely on such affirmation above, and accepting such information as fact,** I, Mary T. Bassett, Acting Commissioner, New York State Department of Health, do hereby find the that the affirming individual herein met the criteria for isolation as the case may be during the dates affirmed to above.

  
Mary T. Bassett MD, MPH, Acting Commissioner  
New York State Department of Health

This form may be used for Quarantine Release, quarantine leave benefits, or for New York Paid Family Leave COVID-19 claims as if it was an individual Order for Quarantine issued by the New York State Department of Health or relevant County's Commissioner of Health or designee.



# Department of Health

KATHY HOCHUL  
Governor

MARY T. BASSETT, M.D., M.P.H.  
Acting Commissioner

KRISTIN M. PROUD  
Acting Executive Deputy Commissioner

## AFFIRMATION OF ISOLATION

**Complete if you or your child or dependent has tested positive for COVID-19 and have been in isolation**

I, (print name) \_\_\_\_\_, do hereby affirm that I or my child or dependent isolated from (date) \_\_\_\_\_ through (date) \_\_\_\_\_ consistent with guidance issued by the New York State Department of Health (NYSDOH). As per NYSDOH guidance, since I or my child or dependent tested positive for COVID-19, I or my child or dependent must isolate for the appropriate amount of time, depending upon hospitalization, length of symptoms and particular circumstances, consistent with guidance issued by the NYSDOH, for at least five (5) days from the onset of COVID-19 symptoms OR from the date of the positive COVID-19 test if asymptomatic. Day 1 of isolation begins the day after I or my child or dependent became symptomatic OR the day after I or my child or dependent tested positive if I or my child were asymptomatic.

**Name of COVID-19 Positive Person:** \_\_\_\_\_

**Date of Birth of COVID-19 Positive Person:** \_\_\_\_\_

**Specimen Collection Date of Positive Test:** \_\_\_\_\_


**Sworn and subscribed by me on** (today's date) \_\_\_\_\_

\_\_\_\_\_  
(SIGNATURE)

**NOTE:**

YOUR SIGNATURE DOES NOT HAVE TO BE ACKNOWLEDGED BY A NOTARY PUBLIC; YOU ARE SWEARING UNDER PENALTY OF LAW TO THE VERACITY OF THE INFORMATION YOU HAVE PROVIDED ON THE FORM.

**This affirmation be sworn to as indicated, then based solely on such affirmation above, and accepting such information as fact,** I, Mary T. Bassett, Acting Commissioner, New York State Department of Health, do hereby find the that the affirming individual herein met the criteria for isolation as the case may be during the dates affirmed to above.

  
Mary T. Bassett MD, MPH, Acting Commissioner  
New York State Department of Health

This form may be used for Isolation Release or for New York Paid Family Leave COVID-19 claims as if it was an individual Order for Isolation issued by the New York State Department of Health or relevant County's Commissioner of Health or designee.



# COVID-19 Guidance Chart for ICD Staff and Students Related to School/Work Attendance

You were exposed to someone who tested positive for COVID-19 but you do not have symptoms.

Are you \*fully vaccinated or were COVID-19 positive in last 3 months?

*\*Are you 2 full weeks from your **last** dose of either a 2-dose or 1-dose COVID-19 vaccination series?*

**Yes**

No quarantine required from school/work at ICD.

*\*You are required to quarantine for at least 5 days outside of ICD if you are eligible for a booster and have not gotten it yet.*

**No**

Quarantine of 5 days required. Day 0 is your last date of contact with the infected person.

After Day 5, can you wear a disposable medical-grade mask all day?

**Yes**

You may return to school/work at ICD. You must wear the mask we provide you for 5 more days when at ICD.

*Submit the NYSDOH Affirmation of Quarantine form to [icddes@binghamton.edu](mailto:icddes@binghamton.edu) and get confirmation the form was received before returning.*

**No**

Quarantine of 5 more days required (10 total).

You may return to school/work at ICD. *Submit the NYSDOH Affirmation of Quarantine form to [icddes@binghamton.edu](mailto:icddes@binghamton.edu) and get confirmation the form was received before returning.*

**If you develop symptoms any time after exposure (quarantine or otherwise) or test positive, follow blue or green guidelines on this chart as indicated.**

***Testing is not required to be released from quarantine but is recommended 5 days after last exposure if tests are available.***

You tested positive for COVID-19.

Do you have symptoms?

**Yes**

Isolate for 5 days. Day 0 is the day your symptoms started.

After Day 5, isolation can end if you  
1- are fever-free for 24 hours without medication  
2-have improved symptoms  
3-can wear a disposable medical-grade mask for 5 more days when at ICD.

If cannot meet criteria above, isolate for 5 more days (10 total).

***For 5-day or 10-day isolation:***  
*Submit the NYSDOH Affirmation of Isolation form to [icddes@binghamton.edu](mailto:icddes@binghamton.edu) and get confirmation the form was received before returning.*

***If immunocompromised/hospitalized consult with physician***

**No**

Isolate for 5 days. Day 0 is the day your test was collected.

After Day 5, isolation can end if you can wear a disposable medical-grade mask for 5 more days when at ICD.

If cannot wear specified mask, isolate for 5 more days (10 total).

You have symptoms and are awaiting test results.

Isolate 5 days or until test result received. Day 0 is the day your symptoms started.

Positive result

Continue isolating through Day 5. *Email test result to notify ICD.*

After Day 5, isolation can end if you  
1- are fever-free for 24 hours without medication  
2-have improved symptoms  
3-can wear a disposable medical-grade mask for 5 more days when at ICD.

If cannot meet criteria above for either path, isolate for 5 more days (10 total).

***For 5-day or 10-day isolation if tested positive:***  
*Submit the NYSDOH Affirmation of Isolation form to [icddes@binghamton.edu](mailto:icddes@binghamton.edu) and get confirmation the form was received before returning.*

Negative result

Isolation ends when you receive a negative result. *Email test result to be cleared to return to ICD.*

***\*\*Isolation can also end if you are isolated 5 days and you can wear a disposable medical-grade mask for 5 more days when at ICD (or until a negative result is received.)***

\*Per NYSDOH on 1/13/22, there is a quarantine exception for K-12 schools, including those with a pre-K program in the same building. Our guidance above is consistent with those documents, as iterated in our most recent COVID-19 Handbook. We are unable to utilize the Test to Stay (TTS) program because we are unable to meet the first criterion that students are masked given medical mask exemptions on file.