



NYS Forward COVID-19
Reopening Safety Plan

Little Lukes Itinerant Special Education &
Therapy Services

Early Intervention & Preschool:
Home & Community Based Services

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Introduction

At Special Programs DBA Little Lukes (hereafter referred to as Little Lukes) our primary commitment is to the students and families we serve. Our priority must be keeping them safe. When the 2020-2021 school year begins, therapy services and special education itinerant services will look much different than previous years due to COVID-19 and the health and safety measures that continue to evolve. This Reopening Plan will define clear guidance for the restart of our itinerant services including special education itinerant services, speech therapy, physical therapy, occupational therapy and evaluations for young children. This plan aligns with the regulations developed in collaboration with NYSDOH and the NYS Education Department.

The health and safety of our students, our staff, and their families is our top priority. We have developed a plan that intends to ensure that students, families and employees feel comfortable and safe resuming services. Our reopening plan incorporates recommendations and guidance from the [Centers for Disease Control and Prevention \(CDC\)](#), the [New York State Department of Health \(NYSDOH\)](#) and the [New York State Education Department \(NYSED\)](#).

It is possible that we may need to alternate between in-person, remote services and a hybrid model of services throughout the year due to recommendations and guidance from our partnering agencies, and stay-at-home orders from the Governor. The level of infection, the spread of the virus and response to the disease in our community will be at the forefront of decision making as we move to return to in-person services.

Of course, as with every plan being developed throughout New York State, this document is fluid and will change as necessary based on guidance from the state, CDC, and NYSED and in consideration of our families and our staff. We strongly believe the services described throughout this plan are in the best interests of our students, families, staff, and community.

Communication/Family Engagement

To help inform our reopening plan, Little Lukes has sought feedback and input from stakeholders, including administrators, staff, parents/guardians of students, local health department officials, local school districts and county officials. Engagement efforts included online surveys, virtual forums/meetings and one-on-one conversations.

As part of its planning for the restarting of services and the new academic year, Little Lukes has developed a plan for communicating all necessary information to staff, students, parents/guardians, and education partners. Little Lukes will use its existing communication modes – including our website, social media, email, direct mailings, distribution of memos/letters, text messaging, telephone calls, virtual meetings, and socially distanced in-person conversations to support the dissemination of consistent messaging regarding new protocols and procedures, expectations, requirements and options related to operations throughout the pandemic.

Little Lukes Communication Goals:

- To encourage all students, staff, and families through verbal and written communication (e.g., signage) to adhere to NYSED, CDC, and DOH guidance regarding the use of acceptable face coverings - a face mask covering the nose and mouth, when a social distance cannot be maintained.
- To provide regular updates about health and safety, scheduling, and all other information staff and families should be aware of.
- To provide information to families through a wide array of platforms including mail, email, telephone calls, text messaging, social media and website postings.
- To provide information on how families can receive technical support to assist with telehealth.

Little Lukes will develop communication materials accordingly, including the creation of sample messages/letters for COVID-19 cases or potential cases for various audiences. Information can be dispersed in a variety of platforms that may include:

- Little Lukes website
- Email
- SMS Text Messaging
- Online training
- Letters to homes

Clear messaging will be prepared and consistently communicated before services restart and continuously throughout the year between the therapist or teacher and the family. Communication will provide information on the following topics:

- The facts as we currently know them (NYSDOH, CDC).
- The importance of social distancing, monitoring symptoms of COVID-19 and when to stay home or cancel services or evaluations.
- Set protocols for screening and the review process for staff cancelling services or evaluations. Constant reminders for staff to stay home if they feel sick.
- Encourage and implement social distancing in therapy sessions.
- Practice proper hand hygiene. Staff is allowed to use hand sanitizer when soap and running water is not readily available and will then wash with soap and water for at least 20 seconds as soon as soap and running water is available.
- Encourage and practice proper respiratory etiquette (i.e., coughing or sneezing into your elbow if a tissue is not available).
- Encouraging personal responsibility for yourself and your work area.
- Educating the school community on policies/procedures, including how to properly wear and dispose of a face mask.

Health and Safety

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

The following protocols and procedures will be in place for all Little Lukes itinerant services and evaluations for the 2020-21 school year should in-person services and evaluations resume and unless or until new information regarding updated protocols and procedures becomes available. Anyone with questions or concerns should contact our COVID-19 Safety Coordinator Denise McDougall at dmcdougall@littlelukes.com or 315- 207-2028

For more information about how health and safety protocols and trainings will be communicated to families and staff, visit the *Communication/Family and Community Engagement section* of our reopening plan.

To ensure employees, students and families comply with communication requirements, Little Lukes will:

- Remind staff and family members to adhere to proper hygiene, social distancing rules, appropriate use of PPE, and cleaning/disinfecting protocols.
- Establish a communication plan for employees, and parents/guardians with a consistent means to provide updated information. This will be accomplished through:
 - Website
 - Email
 - SMS text messages
 - Phone calls or voice messages
 - Print copy memos
- Maintain a continuous log of every child's visit and include contact information for responsible adult(s) present at visit including parent/guardian, babysitter, teacher or other adult near the child. Log all close contact with other individuals at the home, therapy site, school, or area; excluding deliveries that are performed with appropriate PPE or through contactless means.
- If a staff member, child/student, family member or anyone that had direct contact with the staff member or child tests positive for COVID-19, Little Lukes will immediately notify state and local health departments and cooperate with contact tracing efforts.

Staff Daily Health Screening

- All therapists will self-screen daily for signs of COVID-19. Provider will not attend any visits if any concerns exist. Staff will perform daily health screening including checking their temperature is below 100.0°F and COVID-19 screening questions.
- Staff experiencing symptoms consistent with COVID-19, exposed in the last 14 days to a COVID-19 positive individual, testing positive for COVID-19 in the last 14 days, or experiencing a temperature greater than or equal to 100.0° F, should not enter a client's home or the workplace.
- Staff who develop symptoms consistent with COVID-19 should stay home, contact their health care provider.
- If staff feel ill during the day, they will immediately return home and monitor symptoms, notify HR via email (hr@albertsgroup.net) and contact a healthcare provider.
- Prior to resuming in-person services, consider the risk to household members; those who have weakened immune systems, over the age of 60, have chronic health conditions (e.g.

heart disease, lung disease, diabetes), or other COVID-19 risk factors; for you, your family and the families you serve.

Family Health Screening Before Each Session:

- Parents are required to monitor for temperatures and symptoms prior to session.
- The service provider will contact the parent/guardian/caregiver the day of the visit by phone/email/text to ask a series of three health screening questions.
 1. Does your child have a temperature of 100°F or above today?
 No Yes
 2. Has child or anyone at home had a fever of 100°F or greater, a new cough, new loss of taste or smell or shortness of breath within the past 10 days?
 No Yes
 3. In the past 10 days, has your child or anyone at home tested positive from a COVID-19 test or are waiting for results of Covid-19 test?
 No Yes
 4. In the past 14 days, has your child or anyone at home been in close contact with anyone while they had Covid-19 or waiting for Covid-19 test results?
 No Yes
 5. In the past 14 days, has your child or anyone at home visited a state with a Covid-19 New York State Travel Advisory?
 No Yes
- If the answer to any of these questions is “yes” the visit will be rescheduled. Teletherapy can resume during this time.
- If the provider is not able to reach the parent/guardian prior to the visit, the visit will be rescheduled.
- Staff will document family response in treatment note (i.e. Family replied no to Covid-19 questions prior to visit via text.)
- Exit the home immediately if any person is found to be ill within the home.

Masks / Face Coverings

- Use cloth or disposable face coverings to prevent asymptomatic spread of the disease and provide protection when social distancing measures are difficult to maintain. Your mask and/or clothing must be changed between visits if soiled. Cloth masks must be washed daily.
- For services such as Speech which may require the child to visualize modeling or mimicking, a face mask that is transparent at or around the mouth will be used.
- Personal Protective Equipment (PPE): Consistent with directives from Governor Andrew M. Cuomo, including Executive Orders 202.16 and 202.17, as subsequently extended, the NYS Department of Health requires the wearing of a face covering when unable to maintain social distance. Executive Order 202.16, issued on April 12, 2020, further provides: “For all essential businesses or entities, any employees who are present in the workplace shall be provided and shall wear face coverings when in direct contact with customers or members of the public.” Individuals are required to wear a face covering in situations and settings where social distance of 6 feet is not possible. Face coverings are not required if wearing one would inhibit or otherwise impair an individual’s health. Children under the age of two are not required to wear a face covering. Little Lukes will provide a washable face mask for each staff member.

- Early Intervention and Preschool Services providers and evaluators are required to wear face coverings during the visit and any other Personal Protective Equipment (PPE) including but not limited to disposable gloves as needed for the services or evaluation.
- All household members over the age of 2 participating in or home during the visit must wear a face covering.
- Children under the age of two are not required to wear a face covering.
- Preschool children should wear face coverings, as tolerated.

Limiting Cross Contamination

- The practice of bringing outside toys and materials into homes has the potential to transmit COVID-19 or other viral/bacterial infections.
- Staff may not bring any toys, therapeutic/educational materials into homes or other locations of services. This is strictly prohibited by the Dept of Health.
- The parent/guardian will be asked to use their own pen to sign and complete any printed forms.
- Staff may request that child use toys or safe household items that are within the home or location.
- If the parent uses the iPad to sign forms, staff will use an alcohol wipe to sanitize the iPad before and after parent touches iPad.
- If provider needs to touch child, alcohol-based hand sanitizer with at least 60% alcohol will be utilized before and after each interaction.

Session/Evaluation Area Guidelines

- Ask the family if the visit can be conducted outside.
- If the visit cannot be conducted outside, ask to conduct the session by an open window for increased ventilation.
- Ask the family to sanitize the space you will use for the visit just prior to your arrival.
- Require that only one parent/guardian participate in the session with no other family members in the same room or outdoor space.
- Sanitize the space you will be using within the home or daycare prior to beginning your session. Use disinfectant cleanser/wipes appropriate for the surface.
- Maintain a distance of at least 6 feet between yourself and the child/family member to the greatest extent possible.
- Maintain physical distance: To the greatest extent possible, a physical distance of at least 6 feet should be maintained when inside the home. If the services being delivered do not allow for physical distance, PPE should be used and good hand hygiene must be practiced.
- Minimize physical contact with the child and frequently touched surfaces in the home.
- Wash hands prior to and after each home visit with soap and water for at least 20 seconds or use alcohol-based hand sanitizer with at least 60% alcohol.
- Avoid touching eyes, nose, and mouth.

Hand Hygiene

- Providers, children and anyone participating in the visit must practice good hand hygiene to help reduce the spread of COVID-19.
- Staff should request parent and child to wash hands prior to the start of the visit.

- Hands should be washed with soap and water for at least 20 seconds before and after each visit, before and after all individual contact, after contact with potentially infectious material, and before putting on and after removing PPE, including facemask and gloves.
- Hand hygiene after removing PPE is particularly important, to get rid of any germs that might have been transferred to bare hands during the removal process.
- Soap and water should be used if hands are visibly dirty.
- If soap and water are not immediately available, an alcohol-based hand sanitizer containing at least 60% alcohol, may be used.

Training

- Little Lukes will train all staff on new protocols and communicate safety guidelines remotely. Social distancing and face coverings will be required for all participants if training or meeting is conducted in person.
- Little Lukes will ensure all children and families are taught how to follow new COVID-19 protocols safely and correctly, including but not limited to hand hygiene, proper face covering wearing, social distancing, and respiratory hygiene.

Proactive Plan for Children Who Are Sick

The proactive plan for children who are or may be sick includes:

1. Child exhibits symptoms without a positive COVID-19 test
2. Child tests positive for COVID-19
3. Child without symptoms in close contact with someone who has tested positive for COVID-19
4. Child returning to services after testing positive for COVID-19

Child Exhibits Symptoms Without a Positive COVID-19 Test

- People with these symptoms or combinations of symptoms may have COVID-19:
 - Fever (greater than 100.0°F)
 - Cough
 - Shortness of breath or difficulty breathing

Or at least two of these additional symptoms:

- Chills
- Muscle or body aches pain
- Headache
- Sore throat
- New loss of taste or smell
- Fatigue
- Congestion or runny nose
- Nausea or vomiting
- Diarrhea

- If a child is exhibiting fever or two or more of the additional symptoms upon arrival, the session or evaluation will be cancelled. The student will require a doctor's note returning them to services OR a negative COVID-19 test to return to services.
- If a child is exhibiting fever or two or more of the additional symptoms listed during the session or evaluation, the services or evaluation will immediately end. The student will require a doctor's note returning them to services OR a negative COVID-19 test to return to services.

Child Tests Positive for COVID-19

- Child will be offered TeleTherapy until cleared to return to in-person sessions per policies.
- We will cooperate with local health department on tracing and assist as requested.

Child Without Symptoms in Close Contact with Someone who has Tested Positive for COVID-19

If a child comes in contact with someone who has tested positive for COVID-19 they will need to quarantine until 14 days after initial exposure and be symptom free before returning to sessions. Teletherapy will be offered during this time.

Child Returning to Services after Testing Positive for COVID-19

- A child with confirmed COVID-19 may return to services when he or she has met ALL the CDC criteria for discontinuation of home isolation listed below:
 - Improvement in respiratory symptoms (e.g., cough, shortness of breath) *AND*
 - At least 10 days have passed since symptoms first appeared. *AND*
 - At least 2 days (48 hours) have passed *since recovery* defined as resolution of fever without the use of fever-reducing medications.
- OR Test-based strategy. A child with confirmed COVID-19 who had symptoms may return to services when he or she has met ALL the CDC criteria for discontinuation of home isolation listed below:
 - Resolution of fever without the use of fever-reducing medications *AND*
 - Improvement in respiratory symptoms (e.g., cough, shortness of breath) *AND*
 - Negative results of an FDA Emergency Use Authorized molecular assay for COVID-19 from at least two consecutive upper respiratory swab specimens collected at least 24 hours apart.
- A child with confirmed COVID-19 who has not had any symptoms may return to services when:
 - At least 10 days have passed since the date of their first positive COVID-19 viral test *AND*
 - Have had no subsequent illness *AND*
 - Are exhibiting no signs of illness

Proactive Plan for Employees Who are Sick

The proactive plan for employees who are or may be sick includes:

1. Employee exhibits symptoms without a positive COVID-19 test.
2. Employee tests positive for COVID-19
3. Employee without symptoms in close contact with someone who has tested positive for COVID-19

4. Employee returning to work after testing positive for COVID-19

We follow NYS guidelines and Executive Orders including those relating to people who travel to states with high infection rates. Review all local, state and federal guidelines before traveling.

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

Employee Exhibits Symptoms Without a Positive COVID-19 Test

- People with these symptoms or combinations of symptoms may have COVID-19:
 - Fever (greater than 100.0°F)
 - Cough
 - Shortness of breath or difficulty breathing

Or at least two of these additional symptoms:

- Chills
 - Muscle or body aches / pain
 - Headache
 - Sore throat
 - New loss of taste or smell
 - Fatigue
 - Congestion or runny nose
 - Nausea or vomiting
 - Diarrhea
- If employee is exhibiting fever or two or more of the additional symptoms listed at home they will not report to work. The employee will require a doctor's note returning them to work OR a negative COVID-19 test to return to work.
 - If employee is exhibiting fever or two or more of the additional symptoms listed while at work, the employee will immediately notify their direct supervisor and go home. The employee will require a doctor's note returning them to work OR a negative COVID-19 test to return to work.

Employee Tests Positive for COVID-19

- Little Lukes will contact and cooperate with local Health officials to communicate with affected families and staff that a Positive COVID-19 case has been determined.

Employee Without Symptoms in Close Contact with Someone who has Tested Positive for COVID-19

If an employee comes in contact with someone who has tested positive for COVID-19 they will need to stay home and quarantine until 14 days after last exposure and be symptom free before returning to work.

Employee Returning to Work after Testing Positive for COVID-19

- An employee with confirmed COVID-19 may return to work when he or she has met ALL the CDC criteria for discontinuation of home isolation listed below:
 - Improvement in respiratory symptoms (e.g., cough, shortness of breath) *AND*
 - At least 10 days have passed since symptoms first appeared. *AND*

- At least 2 days (48 hours) have passed *since recovery* defined as resolution of fever without the use of fever-reducing medications.
- OR Test-based strategy. An employee with confirmed COVID-19 who have symptoms may return to work when he or she has met ALL the CDC criteria for discontinuation of home isolation listed below:
 - Resolution of fever without the use of fever-reducing medications *AND*
 - Improvement in respiratory symptoms (e.g., cough, shortness of breath) *AND*
 - Negative results of an FDA Emergency Use Authorized molecular assay for COVID-19 from at least two consecutive upper respiratory swab specimens collected at least 24 hours apart.
- An employee with confirmed COVID-19 who has not had any symptoms may return to work when:
 - At least 10 days have passed since the date of their first positive COVID-19 viral test *AND*
 - Have had no subsequent illness *AND*
 - Are exhibiting no signs of illness

Suspect or Confirmed COVID Cases -

- *Emergency Response* – If child or family member have symptoms of illness, the session is ended, and staff leave the session location promptly. Staff with symptoms of illness are to go home immediately.

Contact Tracing

Public Health Officials assume the task of contact tracing, once notified.

Session Schedules

Itinerant Services	Monday – Friday per IEP
Parent Choice of In-Person Session	In IEP location (home, daycare, school)
Parent Choice of Remote Learning	Remote Learning (Teletherapy sessions)
Hybrid Model	Alternating in-person and remote teletherapy

Technology and Connectivity

Access to technology is essential for the successful roll-out of this plan.

1. Little Lukes gathered data and asked teachers and families to identify their level of access to devices and high-speed broadband from their residence. Respondents indicated their ability to participate in teletherapy and home-based learning for. Over 95% had the technology, but not every parent is able to participate in teletherapy due to a number of personal circumstances.
2. Little Lukes has purchased teletherapy software accessible with an internet connection allowing for parents to help child participate in online therapy sessions.
3. Training for teachers and therapists has been provided in using the teletherapy software and in delivering high quality teletherapy services.
4. Little Lukes has a partner “Helpdesk” system for staff or parents to report technical issues that might be experienced during remote learning. Staff will assist a parent to get remote helpdesk assistance to access online learning.

Teaching and Learning

EARLY INTERVENTION

Early Intervention services will continue either in person or remotely with teletherapy. The setting is based on the decision of each County’s Early Intervention Program, the therapist and the family. All three parties must agree to in-person services to resume sessions in person. Services are provided based on the child’s IFSP.

PRESCHOOL RELATED SERVICES

Preschool Related Services will continue either in person or remotely with teletherapy. The setting is based on the decision of the child’s home school district, the therapist and the family. All three parties must agree to in-person services to resume sessions in person. Services are provided based on the child’s IEP.

EVALUATIONS

Evaluations will be available either in person or remotely with teletherapy. The setting is based on the decision of each county for Early Intervention or the child’s home school district for preschool, the evaluator and the family. All three parties based must agree to in-person evaluation to hold evaluation in person.

This decision is also based on the region’s health conditions and guidance from the local health department.

IN-PERSON LEARNING & THERAPY SERVICES

- Little Lukes will offer in-person learning and therapy sessions for all children in the program as much as possible.
- In-person instruction is prioritized for these students based on age and special needs.
- If a parent decides to change from in-person learning and therapy services to remote learning and therapy services parent will notify therapists at least 1 day in advance to begin to schedule teletherapy services and complete consent forms for TeleTherapy.

- Staff with a high-risk condition or family member at high risk may contact HR at hr@albertsgroup.net with details of request for accommodations.
- If in-person sessions are cancelled temporarily (example for illness or quarantine) for more than 2 days, Little Lukes will offer to switch to TeleTherapy services until in-person services may resume.

REMOTE LEARNING & THERAPY SERVICES

- If regional health needs or other factors determine that remote learning and therapy services is required for all children, Little Lukes will provide remote teletherapy services based on the services as outlined in the child's IFSP or IEP.
- Little Lukes will accommodate parent request for remote instruction and learning for children.
 - Parents may elect to keep services remote due to medical issues or other at-risk family member(s) in the household.
 - Parents of children must communicate this decision with the therapists and sign parental forms as requested.
 - Therapy staff, teachers and Program Coordinators will document parent conversations regarding their decision to participate in programs remotely or in-person. Documentation will be saved in child's file.
- For parents deciding to do teletherapy during this time, Little Lukes will offer teletherapy for special education and any related services (speech therapy, occupational therapy and physical therapy) listed in child's IFSP or IEP.
 - Parents will participate in scheduling teletherapy and a responsible adult will be present during all teletherapy sessions to keep child engaged.
 - Provider and parent will discuss available household items and toys such as playdoh, cheerios and puzzles to incorporate into teletherapy sessions.
 - To change from remote to in-person services will require at least a 2-day notice and approval as noted under Teaching and Learning section of this plan.

HYBRID LEARNING & THERAPY SERVICES

- If regional health needs or other factors determine that a hybrid model of learning is required for children, Little Lukes will provide a combination of in-person and remote teletherapy services based on the services as outlined in the child's IFSP or IEP.
- In a hybrid learning model, services will alternate from in-person learning and services on week A and then remote learning and services on week B.
- Little Lukes will follow all guidelines set forth in this document during in-person and remote teletherapy instruction and services.
- If parents opt-in to teletherapy instruction and services for remote weeks, services will be scheduled based on the availability of the therapist or teacher.

Special Education

Little Lukes reopening plan provides a framework to ensure that all students with disabilities continue to have available to them a free appropriate public education (FAPE) that emphasizes special education and related services designed to meet their unique needs and prepare them for further education in the least restrictive environment (LRE). In consideration of the health, safety, and well-being of students, families, and staff, our plan is designed to enable transitioning between in-person, remote, and hybrid learning environments to ensure the provision of FAPE consistent with the changing health and safety conditions that exist.

Special education programs and services of Little Lukes provide equity and access for students with disabilities to be involved in and to participate and progress in the general education curriculum with access to the necessary accommodations, modifications, supplementary aids and services, and technology (including assistive technology) to meet the unique disability related needs of students. While not all formats allow for maximum benefit to students, these programs and services can be provided in all formats (live-person, hybrid, or remote). Little Lukes will document the programs and services offered and provided to students with disabilities as well as the communications with parents in their preferred language and mode of communication. Little Lukes will ensure access to the necessary accommodations, modifications, supplementary aids and services, and technology (including assistive technology) to meet the unique disability related needs of students for in-person services and to the maximum extent possible for remote or hybrid services.

Little Lukes is committed to providing meaningful parent engagement regarding the provision of services to his/her child to meet the requirements of the IDEA. Further, we will maintain regular communication with the parents/guardians and other family members to ensure that they are engaged in their children's education during the reopening process

Little Lukes will plan and support collaboration between the committees on preschool special education (CPSE) and committees on special education (CSE) and program providers representing the variety of settings where students are served to ensure there is an understanding of the provision of services consistent with the recommendations on individualized education programs (IEPs), plans for monitoring and communicating student progress, and commitment to sharing resources.

Little Lukes will maintain records to document the implementation of each IEP. The documentation will include meeting all SED regulations

For information about meaningful parent engagement regarding the provision of services to a child to meet the requirements of the IDEA, visit the *Communication/Family and Community Engagement section* of our reopening plan.

Staffing

Certification and Licensure

All teachers will hold valid and appropriate certificates for teaching assignment, except where otherwise allowable under the Commissioner’s regulations or education law. All therapists will hold valid certification or licensure.

Key References

- [State Education Department Issues Guidance to Reopen New York State Schools \(July 16, 2020\)](#)
- [State Education Department Presents Framework of Guidance to Reopen New York State Schools \(July 13, 2020\)](#)
- [Interim Guidance for In-Person Instruction at Pre-K to Grade 12 Schools During the COVID-19 Public Health Emergency, NYS Department of Health \(July 13, 2020\)](#)
- [New York State Department of Health Guidance to Early Intervention Providers Regarding Novel Coronavirus \(COVID-19\) Reopening New York: Resuming In-Person Early Intervention Program Services \(June 18, 2020\)](#)

Additional References

- [New York State Department of Health Novel Coronavirus \(COVID-19\)](#)
- [New York State Education Department Coronavirus \(COVID-19\)](#)
- [Centers for Disease Control and Prevention Coronavirus \(COVID-19\)](#)
- [Occupational Safety and Health Administration COVID-19 Website](#)
- Onondaga County Health Department Memorandum RE: Updated Reopening of Face to Face Early Intervention Service Plans (July 20, 2020)