



## NY FORWARD SAFETY PLAN TEMPLATE

Each business or entity, including those that have been designated as essential under Empire State Development's Essential Business Guidance, must develop a written Safety Plan outlining how its workplace will prevent the spread of COVID-19. A business may fill out this template to fulfill the requirement, or may develop its own Safety Plan. **This plan does not need to be submitted to a state agency for approval** but must be retained on the premises of the business and must be made available to the New York State Department of Health (DOH) or local health or safety authorities in the event of an inspection.

Business owners should refer to the State's industry-specific guidance for more information on how to safely operate. For a list of regions and sectors that are authorized to re-open, as well as detailed guidance for each sector, please visit: [forward.ny.gov](https://forward.ny.gov). If your industry is not included in the posted guidance but your business has been operating as essential, please refer to ESD's [Essential Business Guidance](#) and adhere to the guidelines within this Safety Plan. Please continue to regularly check the New York Forward site for guidance that is applicable to your business or certain parts of your business functions, and consult the state and federal resources listed below.

### COVID-19 Reopening Safety Plan

**Name of Business:**

Hebrew Educational Society of Brooklyn

**Industry:**

Community Service

**Address:**

9502 Seaview Avenue, Brooklyn, NY 11236

**Contact Information:**

(718) 241-3000

**Owner/Manager of Business:**

Moshit Rivkin, CEO

**Human Resources Representative and Contact Information, if applicable:**

Sarit Kraes - Director of Human Resources

### I. PEOPLE

**A. Physical Distancing.** To ensure employees comply with physical distancing requirements, you agree that you will do the following:

- Ensure 6 ft. distance between personnel, unless safety or core function of the work activity requires a shorter distance. Any time personnel are less than 6 ft. apart from one another, personnel must wear acceptable face coverings.
- Tightly confined spaces will be occupied by only one individual at a time, unless all occupants are wearing face coverings. If occupied by more than one person, will keep occupancy under 50% of maximum capacity.

- Post social distancing markers using tape or signs that denote 6 ft. of spacing in commonly used and other applicable areas on the site (e.g. clock in/out stations, health screening stations)
- Limit in-person gatherings as much as possible and use tele- or video-conferencing whenever possible. Essential in-person gatherings (e.g. meetings) should be held in open, well-ventilated spaces with appropriate social distancing among participants.
- Establish designated areas for pick-ups and deliveries, limiting contact to the extent possible.

*List common situations that may not allow for 6 ft. of distance between individuals. What measures will you implement to ensure the safety of your employees in such situations?*

Common Bathrooms will only allow use by one person at a time. In the copy room, only one person is allowed at a time; hand sanitizer is placed outside the room to use before and after using the copy machine. The kitchen areas in classrooms are occupied by only one person at a time; gloves and masks are used in food areas. Groups for camp are reduced to 10 participants per group. Three transitioning times per period have been created to ensure groups are not crossing paths when transitioning. Groups will travel in allocated direction; arrows are on the steps etc to ensure distancing while traveling. Chairs have been placed in rooms strategically to ensure social distancing.

*How you will manage engagement with customers and visitors on these requirements (as applicable)?*

We try to keep customers and visitors to a minimum, engaging in emails, texts or zooms calls if possible. All visitors and customers will be limited only to those conducting necessary business. Visitors and customers are required to complete a questionnaire regarding COVID-19 to prevent the spread of COVID-19 (including cell# and email address. There are 3 questions that are needed to be answered regarding whether they have been in contact with anyone with COVID-19 or are displaying any symptoms. If any answer is a YES, admittance to the facility is denied. Participants will take place in discussions about safety and expectations.

*How you will manage industry-specific physical social distancing (e.g., shift changes, lunch breaks) (as applicable)?*

Employees are scheduled with staggered breaks and lunches and are encouraged to bring lunch and eat at their desk or away from others. Campers are in designated rooms to avoid mingling. Offices have plexiglass dividers between the desks and employees and moved to different offices if the offices are too small to accompany the employees while maintaining social distancing. Meetings, when necessary, are done by zoom meetings to keep social distancing.

## II. PLACES

**A. Protective Equipment. To ensure employees comply with protective equipment requirements, you agree that you will do the following:**

- Employers must provide employees with an acceptable face covering at no-cost to the employee and have an adequate supply of coverings in case of replacement.

*What quantity of face coverings – and any other PPE – will you need to procure to ensure that you always have a sufficient supply on hand for employees and visitors? How will you procure these supplies?*

500 face coverings (in 3 sizes), 10,000 latex free gloves (all sizes )and eye protection are purchased through our vendor Dependable Plastics and Supplies, Amazon, as well a national purchasing cooperative with the Jewish Federations of North America (JFNA). When we use a certain amount, we will reorder to keep a consistent amount on hand at all times. Ordering will be done as needed to maintain at least half the amount of PPE listed above. Face coverings will be available at the front desk, at maintenance and at designated areas for anyone entering the building without one. Extra supplies kept in Early Childhood Office. Cleaning supplies are provided to staff, and gloves when requested.

- Face coverings must be cleaned or replaced after use or when damaged or soiled, may not be shared, and should be properly stored or discarded.

*What policy will you implement to ensure that PPE is appropriately cleaned, stored, and/or discarded?*  
Trash pickup in offices and classrooms are done multiple times a day and as needed. Trash removed from the building is placed in an outdoor containment area. Staff if required to wear clean and sanitary masks when entering the building. For staff and campers who do not have masks, masks will be provided. The masks provided by the building are disposable masks.

- Limit the sharing of objects and discourage touching of shared surfaces; or, when in contact with shared objects or frequently touched areas, wear gloves (trade-appropriate or medical); or, sanitize or wash hands before and after contact.

*List common objects that are likely to be shared between employees. What measures will you implement to ensure the safety of your employees when using these objects?*  
Frequently touched objects such as door handles, tables, chairs, and faucets are cleaned throughout the day using one of the following; Sanitizer/virucide cleaning product, disinfectant wipes, or disinfectant spray. Maintenance staff always wear gloves when using any of these products. Bathrooms are cleaned hourly. Activity supplies and furniture will be cleaned after each group's use. Supplies and toys are not shared between rooms. During this time, we are not using our time clock which is a shared surface. All fitness and sports equipment will be sanitized. Showers and lockers will be cleaned, scrubbed and sanitized.

**B. Hygiene and Cleaning. To ensure employees comply with hygiene and cleaning requirements, you agree that you will do the following:**

- Adhere to hygiene and sanitation requirements from the [Centers for Disease Control and Prevention](#) (CDC) and [Department of Health](#) (DOH) and maintain cleaning logs on site that document date, time, and scope of cleaning.

*Who will be responsible for maintaining a cleaning log? Where will the log be kept?*  
Each classroom, bathroom, locker room and other multi use room has a cleaning log in the room that staff is required to sign off on and log the time the room has been cleaned. It notes the date and time that the rooms are being cleaned. We have signs outside the doors indicating clean, cleaning in process, occupied etc.

- Provide and maintain hand hygiene stations for personnel, including handwashing with soap, water, and paper towels, or an alcohol-based hand sanitizer containing 60% or more alcohol for areas where handwashing is not feasible.

*Where on the work location will you provide employees with access to the appropriate hand hygiene and/or sanitizing products and how will you promote good hand hygiene?*  
Hand sanitizing stations are located throughout the building, located adjacent to classrooms and offices. Where there are no sanitizing stations, each room or workstation will have an individual hand sanitizing dispenser. In addition, signs promoting and reminding proper hand hygiene are placed around the building. During meetings, the subject of good hand hygiene and social distancing are brought up and enforced.

- Conduct regular cleaning and disinfection at least after every shift, daily, or more frequently as needed, and frequent cleaning and disinfection of shared objects (e.g. tools, machinery) and surfaces, as well as high transit areas, such as restrooms and common areas, must be completed.

*What policies will you implement to ensure regular cleaning and disinfection of your worksite and any shared objects or materials, using **products** identified as effective against COVID-19?*

Daily maintenance meetings to further educate and remind all staff to properly clean and disinfect their assigned areas, frequently touched objects using a variety of different CDC and NYS approved disinfectants. All staff will be required to log the time cleaning took place and sign to confirm their task was complete as mandated. Bathrooms are cleaned hourly. Activity supplies and furniture will be cleaned after each group's use.

**C. Communication. To ensure the business and its employees comply with communication requirements, you agree that you will do the following:**

- Post signage throughout the site to remind personnel to adhere to proper hygiene, social distancing rules, appropriate use of PPE, and cleaning and disinfecting protocols.
- Establish a communication plan for employees, visitors, and customers with a consistent means to provide updated information.
- Maintain a continuous log of every person, including workers and visitors, who may have close contact with other individuals at the work site or area; excluding deliveries that are performed with appropriate PPE or through contactless means; excluding customers, who may be encouraged to provide contact information to be logged but are not mandated to do so.

*Which employee(s) will be in charge of maintaining a log of each person that enters the site (excluding customers and deliveries that are performed with appropriate PPE or through contactless means), and where will the log be kept?*

Staff logs to be kept by individual supervisors (record of COVID-19 self-certification), with copies with HR Department. Each employee that enters the building self-certifies before entering the building, sending an email or text to HR and their supervisor. Once they enter the building, they need to stop at front desk to affirm that they have self certified and have their temperature recorded. The log is kept in a book and stored digitally on the computer. Parents of participants (campers) will have to sign an affidavit attesting to their child's health and well being daily and attest if their child has been in contact with anyone that has exhibited symptoms of COVID-19 and that is kept on a daily file.

- If a worker tests positive for COVID-19, employer must immediately notify state and local health departments and cooperate with contact tracing efforts, including notification of potential contacts, such as workers or visitors who had close contact with the individual, while maintaining confidentiality required by state and federal law and regulations.

*If a worker tests positive for COVID-19, which employee(s) will be responsible for notifying state and local health departments?*

If a worker tests positive, collaboration between immediate supervisor, executive team and HR will be responsible for notifying the state and local health departments.

### III. PROCESS

**A. Screening.** To ensure the business and its employees comply with protective equipment requirements, you agree that you will do the following:

- Implement mandatory health screening assessment (e.g. questionnaire, temperature check) before employees begin work each day and for essential visitors, asking about (1) COVID-19 [symptoms](#) in past 14 days, (2) positive COVID-19 test in past 14 days, and/or (3) close contact with confirmed or suspected COVID-19 case in past 14 days. Assessment responses must be reviewed every day and such review must be documented.

*What type(s) of daily health and screening practices will you implement? Will the screening be done before employee gets to work or on site? Who will be responsible for performing them, and how will those individuals be trained?*

Daily health screening is done by each employee before coming into work. When an employee arrives on on site, they need to verify that they have COVID-19 self certification and have forwarded it to their supervisor and to HR. There will then be a temperature check (non-contact) temporal thermometer by a trained staff member prior to entering the building, which is entered on a form and kept in a daily file.

*If screening onsite, how much PPE will be required for the responsible parties carrying out the screening practices? How will you supply this PPE?*

There is a reliance on screening barrier/partition control, touchless thermometer, application of sanitizer and use of disposable gloves. Sufficient PPE will be supplied for the screening. Sufficient PPE will be placed throughout the building, at the front desk, in the maintenance office and throughout the building.

**B. Contact tracing and disinfection of contaminated areas.** To ensure the business and its employees comply with contact tracing and disinfection requirements, you agree that you will do the following:

- Have a plan for cleaning, disinfection, and contact tracing in the event of a positive case.

*In the case of an employee testing positive for COVID-19, how will you clean the applicable contaminated areas? What products identified as effective against COVID-19 will you need and how will you acquire them?*

Any contaminated area will be closed off immediately. Windows will be opened if applicable. After 24 hours have passed since any infected person(s) has been inside the area, cleaning and disinfecting will begin using a combination of CDC and NYS approved disinfectants such as; A proper bleach solution of 1/3 cup of bleach per gallon of water, Avistat-D ready to use Spray Disinfectant Cleaner, and Sani-Professional brand sanitizing wipes. We have acquired enough of these products to be able to safely operate our facility and through our distributor and purchasing cooperative we have ordered more and are awaiting delivery.

*In the case of an employee testing positive for COVID-19, how will you trace close contacts in the workplace? How will you inform close contacts that they may have been exposed to COVID-19?*

We will provide a Contact Tracing in the Workplace Form, as well as have a supervisor conduct internal tracing to determine possible exposure. We have daily check in sheets that show the employees in the building each day. We have certification that they have taken their temperature at home and have no symptoms. These forms are kept in a binder so we know who is in the building daily and can track who has close contact accordingly. We will have a team to notify of possible exposure immediately and ensure that those individuals are isolated and/or removed from the building. We will inform those with close contact of the potential of exposure.

## IV. OTHER

Please use this space to provide additional details about your business's Safety Plan, including anything to address specific industry guidance.

Classroom ratios will be in accordance with DOE/DOH regulations. Children will not be moved between classrooms. Consistent staff is assigned to each room and will not be assigned to move between multiple rooms. Toys are used that are able to be washed and disinfected. Supplies are classroom specific. Every attempt will be made to assign a substitute or additional staff to a specific room. There will be prepackaged breakfast, lunch and snack.

Staying up to date on industry-specific guidance:

To ensure that you stay up to date on the guidance that is being issued by the State, you will:

- Consult the NY Forward website at [forward.ny.gov](https://www.forward.ny.gov) and applicable Executive Orders at [governor.ny.gov/executiveorders](https://www.governor.ny.gov/executiveorders) on a periodic basis or whenever notified of the availability of new guidance.

## State and Federal Resources for Businesses and Entities

As these resources are frequently updated, please stay current on state and federal guidance issued in response to COVID-19.

### *General Information*

[New York State Department of Health \(DOH\) Novel Coronavirus \(COVID-19\) Website](#)

[Centers for Disease Control and Prevention \(CDC\) Coronavirus \(COVID-19\) Website](#)

[Occupational Safety and Health Administration \(OSHA\) COVID-19 Website](#)

### *Workplace Guidance*

[CDC Guidance for Businesses and Employers to Plan, Prepare and Respond to Coronavirus Disease 2019](#)

[OSHA Guidance on Preparing Workplaces for COVID-19](#)

### *Personal Protective Equipment Guidance*

[DOH Interim Guidance on Executive Order 202.16 Requiring Face Coverings for Public and Private Employees](#)

[OSHA Personal Protective Equipment](#)

### *Cleaning and Disinfecting Guidance*

[New York State Department of Environmental Conservation \(DEC\) Registered Disinfectants of COVID-19](#)

[DOH Interim Guidance for Cleaning and Disinfection of Public and Private Facilities for COVID-19](#)

[CDC Cleaning and Disinfecting Facilities](#)

### *Screening and Testing Guidance*

[DOH COVID-19 Testing](#)

[CDC COVID-19 Symptoms](#)

**STAY** HOME.

**STOP** THE SPREAD.

**SAVE** LIVES.

# COVID-19 Self-Certification

Prior to the start of each work shift, The Hebrew Educational Society requires that all employees complete a COVID-19 self-certification. The certification must be clear and complete before an employee can start their work shift.

After reviewing an employee's self-certification, if The Hebrew Educational Society believes that an employee is exhibiting COVID-19 symptoms, was exposed to COVID-19 or is unable or unwilling to self-certify the employee is NOT TO RETURN to work until cleared by a healthcare professional and or is no longer experiencing symptoms for at least fourteen days.

\* Required

1. Email Address \*

\_\_\_\_\_

2. Date \*

\_\_\_\_\_ *Example: January 7, 2019*

## Certification

3. I hereby certify that on today's date the following information is true and accurate: \*  
Enter your full name below to confirm.

\_\_\_\_\_

4. Do you currently have a fever of 100.4 degrees or higher? \*

If your answer is NO go to the next question. If your answer is YES you may NOT report to work.

Mark only one oval.

No

Yes



5. Have you been coughing or shortness of breath that began within the past 14 days? \*

If your answer is NO go to the next question. If your answer is YES you may NOT report to work.

*Mark only one oval.*

No

Yes

6. In the past 14 days, have you gotten a positive result from a COVID-19 test that tested saliva or used a nose or throat swab? (not a blood test) \*

If your answer is NO go to the next question. If your answer is YES you may NOT report to work. Not sure and need more information regarding what a visit the COVID-19 Testing FAQ's

<https://www1.nyc.gov/assets/doh/downloads/pdf/imm/covid-19-testing-faq.pdf>

*Mark only one oval.*

No

Yes

7. Are you showing any other symptoms associated with COVID-19 (e.g., loss of taste or smell, gastrointestinal problems, such as nausea, diarrhea, and vomiting)? \*

If your answer is NO go to the next question. If your answer is YES you MUST speak with your direct supervisor before reporting to work.

*Mark only one oval.*

No

Yes

- 8. In the past 14 days, were you been directed to self-isolate or quarantine by a health care provider or the NYC Test and Trace team? \*

If your answer is NO go to the next question. If your answer is YES you may NOT report to work.

Mark only one oval.

No

Yes

- 9. In the past 14 days have you been in contact (within 6 ft) of an individual diagnosed, exhibiting symptoms, or suspected of having of COVID-19? \*

If your answer is NO go to the next question. If your answer is YES you may NOT report to work and MUST explain contact details in the comments section below

Mark only one oval.

No

Yes

- 10. Comments

Please indicate any comments you may have or any circumstances you feel we should be aware of.

---

---

---

---

---

---

---

---

This content is neither created nor endorsed by Google.



## **Employee Acknowledgement of Compliance With Guidelines and Safety Measures Form**

The Hebrew Educational Society requests that upon your **DAILY** reporting to work at 9502 Seaview Avenue and **EVERY DAY UNTIL** restrictions due to the coronavirus (COVID-19) pandemic are eased or lifted, you are agreeing to follow any guidelines and instructions provided for maintaining safe working conditions.

These include:

- Completing the H.E.S. COVID-19 Self-Certification before leaving your house to report to the building. The certification must be clear and complete before an employee can start their work shift.
- **Google Forms** will immediately email you with a copy of **your form answers, you must forward this email to** your direct supervisor and Sarit (HR) [ksarit@thehes.org](mailto:ksarit@thehes.org)
- Texting your direct supervisor once the above steps are complete

**If you selected YES to any of the questions on the form DO NOT report to the building until you have received confirmation from your direct supervisor.**

**The H.E.S. COVID-19 Symptom Screening Process must be opened daily in a fresh browser. If you have not closed and reopened your browser it is not guaranteed that you are viewing the most up to date version of the form.**

- Submitting to a temperature check upon arrival;
- Checking-In with the front desk prior to reporting to your job post to confirm with the receptionist that you have successfully completed the COVID-19 self-certification, your temperature was taken by a designated H.E.S. staff member outside 9502 Seaview Avenue, provide your temperature
- Wearing a mask, gloves and/or other personal protective equipment;
- Washing hands frequently;
- Practicing social distancing at work; and
- Leaving the workplace if you show symptoms associated with COVID-19.

I hereby acknowledge that I have received the Employee Acknowledgement of Compliance With Guidelines and Safety Measures Form, and understand it is my responsibility to read and comply with its guidelines.

Please complete this form and email it to [KSarit@thehes.org](mailto:KSarit@thehes.org), Human Resources Department.

Employee Name: \_\_\_\_\_

Employee Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Job Title: \_\_\_\_\_ Department: \_\_\_\_\_

Supervisor Signature: \_\_\_\_\_ Date: \_\_\_\_\_

**VISITOR QUESTIONNAIRE  
TO PREVENT THE SPREAD OF COVID-19**

Name: \_\_\_\_\_ Date: \_\_\_\_\_  
(please print)

Company Name: \_\_\_\_\_

Cell Phone Number (in the event we need to contact you): \_\_\_\_\_

Email address: (in the event we need to contact you): \_\_\_\_\_

The Hebrew Educational Society is concerned for the safety of you and others working at this facility. Accordingly, to prevent the spread of COVID-19 and reduce potential risk of exposure to our workforce and visitors, we ask that you carefully complete this questionnaire.

1. Do you currently have any COVID-19 symptoms including fever of 100.4°, cough, sore throat, respiratory illness or difficulty breathing?  
No: \_\_\_\_\_ Yes: \_\_\_\_\_
2. Have you had close contact with or cared for someone diagnosed with COVID-19 within the last 14 days?  
No: \_\_\_\_\_ Yes: \_\_\_\_\_
3. In the past 14 days, were you directed to self-isolate or quarantine by a healthcare provider or NYC Test and Trace Team?  
No: \_\_\_\_\_ Yes: \_\_\_\_\_

**If the answer to any of the above questions is YES, then admittance to our facility is denied at this time. Please reschedule your visits (s) for a later time.**

**If you answered NO to ALL of the above questions, you are authorized to enter this facility, but will need to complete this form again for future visits.**

**I agree to abide by the conditions above in order to receive permission to enter this facility.**

Signature (visitor): \_\_\_\_\_ Date: \_\_\_\_\_

NEW YORK STATE  
OFFICE OF CHILDREN AND FAMILY SERVICES

**CHILD CARE EMPLOYEE, VOLUNTEER, PARENT, CHILD AND ESSENTIAL VISITORS  
HEALTH SCREENING ONE-TIME ATTESTATION**

Before entering a child care program, employees, volunteers, parents, children and essential visitors *must complete a health screening questionnaire daily. In addition, each employee, volunteer, parent, child and essential visitor must sign and submit this form to the program one time.* Employees, volunteers, parents, children and essential visitors must answer all questions and take their temperature daily to confirm a body temperature lower than 100.0 degrees Fahrenheit. If anyone answers "Yes" to any of the questions below, they cannot enter the child care program. A parent or guardian is responsible for completing daily screening on behalf of their child(ren).

**Self-Screening:**

Below are the self-screening questions that employees, volunteers, parents, children and essential visitors are required to answer **daily**. If any of the answers to the below questions are "Yes," individuals **cannot** enter the program. If the answers are "No" to all the following questions, individuals may enter the program. If employees, volunteers, parents, children and essential visitors cannot take their temperature at home, but answer "No" to all other questions, they may report to the program to have their temperature taken on site.

1. Is your temperature higher than or equal to 100.0 degrees Fahrenheit?
2. Have you had any known contact with a person confirmed or suspected to have COVID-19 in the past 14 days?
3. Are you currently experiencing *ANY* of the following symptoms?
  - Cough (new or worsening)
  - Shortness of breath (new or worsening)
  - Trouble breathing (new or worsening)
  - Fever
  - Chills
  - Muscle pain (new or worsening)
  - Headache (new or worsening)
  - Sore throat (new or worsening)
  - New loss of taste
  - New loss of smell
4. Have you tested positive for COVID-19 through a diagnostic test in the past 14 days?

If you have answered "NO" to all questions, you have passed and may enter the program.

If you have answered "YES" to any question, you will not be allowed to enter the program.

**Attestation:** By signing this document, I agree that I will self-monitor these symptoms each day and report the outcome per the instructions above and will not enter any child care program if any of the above symptoms or conditions are present.

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Date

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Date

**Note:** This document must be signed and returned to the program prior to entry. A signed copy needs to be provided only once. The child care program must retain a copy for their records.

### Contact Tracing in the Workplace Form

In light of your COVID-19 diagnosis or positive test on [ date \_\_\_\_\_ ], the Hebrew Educational Society of Brooklyn requests that you disclose the days you have worked or conducted business with another staff member, vendor and/or customer with whom you had close contact, so that we can advise staff members and other work-related individuals of their potential exposure to the virus. They will only be provided with general information, and you will remain anonymous.

**Please provide information for the 14 days prior to your diagnosis/positive test.**

Regular work location: 9502 Seaview Avenue Brooklyn, NY 11236

Provide the date for each day you worked (starting with the date 14 days prior to your diagnosis/positive test):

Sunday _____	Sunday _____	Sunday _____
Monday _____	Monday _____	Monday _____
Tuesday _____	Tuesday _____	Tuesday _____
Wednesday _____	Wednesday _____	Wednesday _____
Thursday _____	Thursday _____	Thursday _____
Friday _____	Friday _____	Friday _____
Saturday _____	Saturday _____	Saturday _____

Identify any employees or other individuals with whom you had close contact (i.e., you were within approximately six feet for a prolonged period):

Name/Date


Have you traveled to non-H.E.S. locations for business purposes in the 14 days prior to your diagnosis/positive test?

- Yes
- No

If yes, list the company name, location, date(s) of your visit and any individuals with whom you had close contact:

Company/location	Date	Name

I certify that the above statements are true and correct.

Name \_\_\_\_\_  
 Signature \_\_\_\_\_  
 Date \_\_\_\_\_