400 Doansburg Road, Box 719 Brewster, NY 10509-0719 845.279.2995 www.greenchimneys.org



November 19, 2020

Dear Green Chimneys School Families,

As we head into the holiday and cold weather season, we would like to thank our families for their diligent efforts to keep Green Chimneys open and safe. We have provided in person instruction at Green Chimneys since July and we have experienced relatively few COVID events. Our goal is to continue to keep all children and staff safe and healthy.

Recent data have shown increases in positive COVID cases across the country, including the Tri-state area. Due to this increase in our community, many towns in Putnam County are at risk for transitioning to a yellow zone within the next week.* The New York State Department of Health has determined that schools open to in-person instruction in yellow zones are required to randomly test 20% of in-person students, teachers and staff, over a two-week period. If our positivity rate falls below the county's rate, we can stop testing.

We would like to remain open for in-person instruction for all our students, so are encouraging everyone to do what they can to minimize risk and commit to remaining safe and healthy. To meet this goal, we are asking staff, students, and families to follow all known safety precautions as recommended by New York State and our local Departments of Health.

As a reminder, please be sure to let your child's social worker know if you plan to travel out of state, keep your child home if they are feeling ill, and continue to advise of possible exposure in the community. In addition, if your community is in a red or orange zone and your home school district has been closed, please keep your child home until the restriction has been lifted. This guideline applies to both our New York and Connecticut students.

If our area becomes designated an orange or red zone, per New York State guidelines, we will suspend in-person instruction and switch to remote instruction.

Attached to this message is an electronic consent form for testing. Please note that all testing would be provided by NYSDOH at no cost to the families. These are rapid tests that can be read the same day. You can electronically sign the consent or print, sign and scan. Please return all consents to Cburkhart@greenchimneys.org. If you do not consent to the testing, your child will not be able to attend in-person schooling as long as we remain in a yellow zone designation.

Our hope is that by following safe practices in our own homes and workplaces, we can continue to keep our community healthy and remain open for in-person learning. We appreciate your patience and collaboration as we all work together to continue to provide good treatment and learning for your children.

For more information on the Cluster Action Initiative, please visit: https://www.governor.ny.gov/news/governor-cuomo-announces-new-cluster-action-initiative

As always all updated information can be found on our website under the school reopening plan at: https://www.greenchimneys.org/therapeutic-special-education/parents-families/announcements/school-reopening-plan

Sincerely,

Ed Placke, Ed.D. Executive Director

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^{*} On October 6, 2020, Governor Cuomo implemented a new cluster action initiative to address COVID-19 hot spots that have cropped up. This science-based approach will focus on addressing these clusters and aims to prevent further transmission of the virus, and includes new rules and restrictions directly targeted to areas with the highest concentration of COVID-19 cases and surrounding communities. The initiative divides clusters and the areas around them into three categories – the cluster itself (red zone), a warning zone (orange zone), and a precautionary zone (yellow zone).



AUTHORIZATION FOR COVID TESTING

NAME OF CHILD:
DOB:
I am giving authorization for my child to receive COVID rapid testing. Results are held by Green Chimney's Health Center and part of my child's health record. Results will be reported to the Department of Health, as required. This consent is active until my child is discharged or until it is revoked in writing.
Parent/Guardian Name:
Signature:
Date: