

October 28, 2020

Dear Haldane Community,

Thank you for your continued collective efforts to keep our schools operating smoothly. This week brings the close of our second month of school, and our successful start is as much a reflection of our community's commitment to maintaining public health standards as what we are doing on campus each day. With that said, I have a few updates for you pertaining to our operation.

### **Survey of "All Remote Learners"**

Thank you to the families of "all remote learners" for expressing your intentions regarding whether you plan to send your child back to school at the 10-week period. Our school leadership examined this information to determine if any further changes to our day-to-day operation are needed and, thankfully, we anticipate only minor adjustments to a few of our instructional spaces. Our building principals will be communicating with families to support these students as they transition back into school.

### **Parent and Staff Feedback**

Our school leadership reviewed the feedback that families and staff provided to us earlier this month. Thank you for taking the time to share such thoughtful insight into your experiences through the opening of school. Each building principal will provide a broad overview of the themes that emerged from the survey for their specific community.

### **COVID-19 Testing**

Several of our staff and families have either been recommended or required by their physician or the Department of Health to obtain COVID testing in order to return to school. Please note that if you are in this situation, you must provide Haldane with COVID-19 RT-PCR laboratory-based molecular test results. The COVID rapid test is not an acceptable indicator of negative results.

### **Microcluster Information**

Earlier this week, the New York State Department of Health released the metrics that will be utilized to determine if schools, businesses, and other entities would be required to take additional precautions due to "microclusters" of COVID cases. This information is included here for your reference.

### **Athletics Update**

Please see the attached Section One release from October 26, 2020, which includes updates on Fall Season I Sectionals and off-season workouts.

### **Stay the Course!**

As the colder weather sets in and we approach the Thanksgiving season, it will be essential for our community to maintain vigilance in following health and safety guidelines when we may be

inclined to do otherwise. Please stay the course for these next few months. The attached release from the Putnam County Department of Health provides suggestions for no-risk and lower-risk holiday celebrations.

I do think there's the potential to see the light at the end of the tunnel with this pandemic and, as I noted earlier, our schools remaining open are a testament to the standards that have been set in our community. Our continued collective efforts will ensure that our students receive consistent instruction through the late fall and winter months.

Best to you for continued good health.

Sincerely,  
Phil Benante, Ed. D.  
Superintendent of Schools

Estimada comunidad de Haldane,

Gracias por sus continuos esfuerzos colectivos para mantener nuestras escuelas funcionando sin problemas. Esta semana llega el cierre de nuestro segundo mes de clases, y nuestro comienzo exitoso es tanto un reflejo del compromiso de nuestra comunidad de mantener los estándares de salud pública como lo que hacemos en el campus todos los días. Dicho esto, tengo algunas actualizaciones para usted relacionadas con nuestra operación.

Encuesta de "Todos los estudiantes remotos"

Gracias a las familias de "todos los estudiantes remotos" por expresar sus intenciones con respecto a si planea enviar a su hijo de regreso a la escuela en el período de 10 semanas. El liderazgo de nuestra escuela examinó esta información para determinar si se necesitan más cambios en nuestra operación diaria y, afortunadamente, anticipamos solo ajustes menores en algunos de nuestros espacios de instrucción. Los directores de nuestro edificio se comunicarán con las familias para apoyar a estos estudiantes en su transición de regreso a la escuela.

Comentarios de los padres y el personal

El liderazgo de nuestra escuela revisó los comentarios que las familias y el personal nos proporcionaron a principios de este mes. Gracias por tomarse el tiempo para compartir una visión tan profunda de sus experiencias a través de la apertura de la escuela. Cada director de edificio proporcionará una descripción general amplia de los temas que surgieron de la encuesta para su comunidad específica.

Prueba de COVID-19

Varios miembros de nuestro personal y familias han sido recomendados o requeridos por su médico o el Departamento de Salud para obtener la prueba de COVID para poder regresar a la escuela. Tenga en cuenta que si se encuentra en esta situación, debe proporcionar a Haldane los resultados de las pruebas moleculares de laboratorio de COVID-19 RT-PCR. La prueba rápida COVID no es un indicador aceptable de resultados negativos.

#### Información del microcluster

A principios de esta semana, el Departamento de Salud del Estado de Nueva York publicó las métricas que se utilizarán para determinar si las escuelas, las empresas y otras entidades deberían tomar precauciones adicionales debido a los "microgrupos" de casos de COVID. Esta información se incluye aquí para su referencia.

#### Actualización de atletismo

Consulte el comunicado de la Sección Uno adjunto del 26 de octubre de 2020, que incluye actualizaciones sobre las secciones de la temporada I de otoño y entrenamientos fuera de temporada.

#### ¡Mantener el rumbo!

A medida que se acerca el clima más frío y nos acercamos a la temporada de Acción de Gracias, será esencial para nuestra comunidad mantener la vigilancia para seguir las pautas de salud y seguridad cuando estemos dispuestos a hacer lo contrario. Por favor, mantenga el rumbo durante los próximos meses. El comunicado adjunto del Departamento de Salud del Condado de Putnam ofrece sugerencias para celebraciones festivas sin riesgo y de menor riesgo.

Creo que existe la posibilidad de ver la luz al final del túnel con esta pandemia y, como señalé anteriormente, nuestras escuelas que permanecen abiertas son un testimonio de los estándares que se han establecido en nuestra comunidad. Nuestros continuos esfuerzos colectivos asegurarán que nuestros estudiantes reciban una instrucción constante durante los meses de otoño e invierno.

Lo mejor para usted por una buena salud continua.

Sinceramente,  
Phil Benante, Ed. RE.  
Superintendente de escuelas

## New York “Micro-Cluster” Strategy

*October 21, 2020*

### Executive Summary

Since the onset of the COVID crisis, New York State has relied on data and metrics, science, and public health expertise to make all decisions regarding economic closings and openings, and other measures warranted to protect the public from COVID.

With a low baseline rate of COVID in the general population, New York has the opportunity to identify and limit spread from COVID “micro-clusters,” defined as outbreaks of new cases within a limited and definable geographic area. With the fall and winter approaching, New York is implementing a new strategy of aggressively responding to micro-clusters in order to limit COVID spread in a defined geographic area and by doing so prevent broader viral transmission that would result in widespread economic shutdowns.

New York’s “Micro-Cluster” strategy contains five key processes:

1. **Monitor Data:** Using the dozens of daily data inputs, including from tests, hospital admissions, transmission rate data, to closely monitor COVID impact, trends, and detect spread levels across New York State
2. **Identify Area of Concern & Create Specific Geographic Focus Area:** Using data monitoring to identify areas such as ZIPs, townships, census tracts, etc. that are experiencing a concerning increase in COVID spread, and then using epidemiological data to form a defined and specific geographic area that transcends traditional boundaries such as ZIPs, town lines, county borders, to create a specific zone for particular focus on reducing viral transmission
3. **Implement Cluster Zone Focus Area to Control the Virus:** Once geographic area has been formed, including buffer areas where necessary, implement appropriate restrictions relative to viral transmission, including pausing of non-essential economic activities, transition to remote education, limiting mass gatherings and attendance at houses of worship. In addition, increase community testing access and improve compliance enforcement mechanisms.
4. **Review Data:** Closely monitor data within focus area to track whether restrictions are reducing viral spread, and monitor data in neighboring buffer zones to ensure COVID is not spreading beyond cluster zone focus area.
5. **Adjust Restrictions:** Once data demonstrates COVID spread has decreased to a manageable level, ease restrictions, or if spread continues, tighten as needed

## New York Micro-Cluster Approach

In May 2020, New York State introduced a metrics-based system to decide when a region should begin reopening and then when to advance to next phase of economic activity. When New York's reopening began on May 15, 2020, the state required each of the ten regions to meet specific benchmarks including demonstrated hospital capacity, declining daily deaths, testing capacity, and contact tracing abilities. Then, between each Phase of the reopening, a team of global public health experts reviewed fourteen days worth of data – testing positivity rates, new tests per capita, new daily hospital admissions, rate of transmission estimates – to assess whether viral transmission was low enough to support moving to a new phase of increased economic activity.

New York's micro-cluster strategy approach will similarly be based on science and metrics, but is different in several ways from the state's original reopening strategy:

- **First, cluster identification is more targeted:** Instead of analyzing data by region, county, or even just ZIP, the micro-cluster strategy will use granular data to pinpoint the epicenters of viral outbreaks in neighborhoods and smaller areas.
- **Second, containment efforts are more calibrated and focused:** Instead of across-the-board shutdowns of schools, non-essential businesses, and social gatherings, containment efforts (and subsequent reopening efforts) will be calibrated and focused, including to actions that may be shown by contact tracing data as driving viral spread, or in situations where community spread is present, limiting activities and entities most likely to contribute to further spread.

### 1. Data Monitored as Part of NY's Micro-Cluster Approach

The metrics to identify a small geographic area where COVID spread has reached levels requiring additional state action cannot be based on a single data point, and will, similar to those used during New York's phased economic reopening, will be a combination of a numerical data figures and epidemiological judgment informed by four key factors: testing, hospitalizations, additional data driven factors informed by geography and population density, and epidemiology of the outbreak. These are outlined below:

#### Testing

- **Positivity Rate:** The rate of tests coming back positive, reflected in the daily positivity rate, is a useful measure to gauge if enough tests are being performed to identify infected individuals and contain the disease. It also sheds light on how COVID-19 is spreading in a given geographic region. However, positivity rates must be understood in context, and do not necessarily allow one geographic area to be compared to another geographic area based solely on this metric. For example, the positivity rates can change drastically in areas where targeted testing is occurring, resulting in one population being continually or repeatedly (i.e. pooled testing on college campuses). High positivity rates, when balanced for population and new cases per capita, can also demonstrate low testing volumes rather and be indicative of COVID spread. New York State currently tests approximately 0.6% of the population daily.
- **Positive cases per capita:** The number of positive cases proportionate to the population of a geographic areas is a helpful metric to balance the varying sizes of counties, ZIP codes, census tracts, and other areas being tracked for testing results. However, as testing capacity continues to

increase, it is expected that more positive cases will be found on a per capita basis – even as positivity rates may decrease – and therefore it is important that this metric is understood in context with total tests being performed. In addition, targeted testing in congregate facilities – particularly those with outbreak situations in rural communities – can lead to temporarily large spikes in positive cases per capita that may not be indicative of broad COVID spread within the wider community.

### **Hospitalizations**

While most increases in COVID hospitalizations occur following upticks in new positive cases / positivity, hospitalization data can help reveal areas where there may be outbreak situations that COVID testing data did not fully reveal severity thereof. New York State tracks hospital admissions primarily two ways:

- **Daily Admissions (Demographic Survey)**: New York State tracks and reports the number of new daily admissions of people who enter the hospital and are COVID positive. The state tracks the residency of the patient to understand what neighborhoods or areas are contributing to new COVID hospital admissions. Daily hospital admissions data is a helpful metric but is also a lagging indicator of COVID spread that may only show increase weeks after an outbreak situation.
- **Total Admissions**: New York State tracks and reports daily the total number of COVID positive individuals in the state’s hospital system, and which county and region these individuals are in the hospital. This metric is helpful to understanding a community’s hospital capacity.

### **Geographic Considerations**

- New York is a diverse state consisting of densely populated urban areas, moderately populated suburban counties, small to mid-size cities and townships, and sparsely populated rural areas. Every metric and data point must take into close consideration not only the size – including population and population density – of the geographic area, but also how the area’s location may influence the risk of future viral spread.

### **Other Epidemiological Factors**

- *Age & other demographic information of individuals testing positive*: NYS DOH and LHDs closely track the age and other demographic information of individuals who test positive and conduct analyses over time to identify trends and better understand test results. If a recent increase in COVID cases can be explained in large part by a larger than normal number of test results from a certain age bracket or demographic group, this factor may warrant an epidemiological judgment that an outbreak may be driven by a certain age group or demographic population that requires a specialized approach.
- *Contact Tracing*: NYS DOH and LHDs conduct contract tracing to determine origin of new cases. If a series of new cases can be traced back to a singular event, gathering, workplace, or other unique cluster scenario, this factor may warrant an epidemiological judgment that actions should be taken specific to these situations rather than a geographic area at large.

- *Congregate Facility*: An outbreak at a congregate facility, such as a nursing home, college dormitory, or corrections facility, can sometimes explain an uptick in cases and hospitalizations in a defined geographic area. This factor may warrant an epidemiological judgment that caveats the increase in cases and hospital admissions for this geographic area.

## **2. Identify Area of Concern & Define Calibrated Geographic Boundaries of Micro-Clusters Zones**

Daily data monitoring enables the State to identify areas that are experiencing a concerning increase in COVID spread. Based on the above listed factors and consideration of epidemiological factors, ZIP codes and other geopolitical or other common geographic subdivisions such as county, census tracts, or contiguous neighborhoods will be identified where clusters may be occurring. Geocoded case location data will be used to examine the location of cases within the flagged zip code and within surrounding zip codes/geographic areas to determine concentration of cases.

The defined area may be designated as requiring to be placed into a focus zone: a Red Zone (with accompanying Orange and/or Yellow buffer zones) or an Orange Zone (with potential for accompanying yellow buffer zone) or solely a Yellow zone. In densely populated urban areas, two buffer zones – an Orange Buffer Zone and a Yellow Buffer Zone may be required.

- **Red Zone — Micro-Cluster:** A “Red Zone” focus area is put in place to contain spread from a specific, defined geographic area.
- **Orange Zone — Warning/Buffer:** An Orange Zone area either is put in place primarily in densely populated urban areas as a tight buffer zone around a Red Zone micro-cluster (“Orange Buffer Zone”) area OR is implemented independently as a focus area based on the below metrics (“Orange Warning Zone”). The purpose of an Orange Buffer Zone is to 1) restrict activity to prevent further spread from Red Zone area; 2) provide a defined geographic area where metrics can be monitored daily to ensure COVID is not spreading beyond the Red Zone.
- **Yellow Zone — Precautionary/Buffer:** A “Yellow Zone” area either is put in place as a broader buffer area to ensure COVID outbreak is not spreading into the broader community (“Yellow Buffer Zone”) OR is implemented independently based on the below metrics (“Yellow Precautionary Zone”). The purpose of a Yellow Buffer Zone is to 1) restrict some activity to help prevent further spread from Red and/or Orange Warning Zone area; 2) provide a larger defined geographic area where metrics can be monitored daily to ensure COVID is not spreading beyond the Red Zone or Orange Warning Zone.

NYS DOH in coordination with local health authorities will use case incidence and mapping data to refine boundaries that balance epidemiological priorities with geographic realities (e.g. location of non-residential areas such as parks, housing and road locations so as not to create unnatural bisections of dwellings). Case incidence and mapping data will also be used to refine and establish boundaries for the Orange and/or Yellow “buffer zones” around the designated cluster zone to ensure spread from the high priority zone does not broaden into the wider community.

**Micro-Clusters – Metrics to Enter Red “Micro-Cluster” Zone, Orange Warning Zone, Yellow Precautionary Zone**

Geographic Area	TARGET METRIC FOR ENTERING YELLOW PRECAUTIONARY ZONE	TARGET METRIC FOR ENTERING ORANGE WARNING ZONE	TARGET METRIC FOR ENTERING RED ZONE	ADDITIONAL FACTORS FOR ENTERING THESE ZONES
<p><b>Tier 1</b> Geographic area (ZIP, census tract, etc.) is located within a county of 900,000 or more people or located within city of 90,000 or more people.</p> <p>Included in Tier 1: New York City boroughs; Nassau, Suffolk, Westchester, Erie counties; cities of Buffalo, Rochester, Syracuse, Albany, Yonkers</p>	<p>Geographic area has 7-day rolling average positivity above 2.5% for 10 days</p> <p><u>AND</u></p> <p>Geographic area has 10 or more new daily cases per 100,000 residents on 7-day average</p>	<p>Geographic area has 7-day rolling average positivity above 3% for 10 days</p> <p><u>AND</u></p> <p>Geographic area has 10 or more new daily cases per 100,000 residents on 7-day average</p>	<p>Geographic area has 7-day rolling average positivity above 4% for 10 days</p> <p><u>AND</u></p> <p>Geographic area has 10 or more new daily cases per 100,000 residents on 7-day average</p>	<p><u>AND</u></p> <p>Geographic areas has minimum of 5 new cases per day on 7-day average for geographic areas (i.e. ZIP code) with 10,000 or more residents, minimum of 3 new cases on 7-day average per day for areas with less than 10,000 residents</p> <p><u>AND</u></p>
<p><b>Tier 2</b> Geographic area (ZIP, census tract, etc.) is located within a county of 150,000 or more people (and jurisdiction is not included in Tier 1). Counties included in Tier 2 include:</p> <p>Monroe; Onondaga; Orange; Rockland; Albany; Dutchess; Saratoga; Oneida; Niagara;</p>	<p>Geographic area has 7-day rolling average positivity above 3% for 10 days</p> <p><u>AND</u></p> <p>Geographic area has 12 or more new daily cases per 100,000 residents on 7-day average</p>	<p>Geographic area has 7-day rolling average positivity above 4% for 10 days</p> <p><u>AND</u></p> <p>Geographic area has 12 or more new daily cases per 100,000 residents on 7-day average</p>	<p>Geographic area has 7-day rolling average positivity above 5% for 10 days</p> <p><u>AND</u></p> <p>Geographic area has 12 or more new daily cases per 100,000 residents on 7-day average</p>	<p>The increase in positive cases or positivity reflect community spread and cannot be mostly explained by a cluster in a single institution (e.g. nursing home, factory, college, etc.) or household transmission</p> <p><u>AND</u></p>



<p>Broome; Ulster; Rensselaer; and Schenectady counties</p>				<p>The State Department of Health (DOH), in consultation with the local department of health, finds that based on the above listed metrics, and other epidemiological factors, such as an upward trend in total and daily hospital admissions from residents of this geographic area, that a zone designation is appropriate.</p>
<p><b>Tier 3</b> Geographic area (ZIP, census tract, etc.) is located within a county of 50,000 or more people.</p> <p>Counties in Tier 3 include:</p> <p>Chautauqua; Oswego; Jefferson; Ontario; St. Lawrence; Tompkins; Putnam; Steuben; Wayne; Chemung; Clinton; Cayuga; Cattaraugus; Sullivan; Madison; Warren; Livingston; Herkimer; Washington; Otsego; Columbia; Genesee; Fulton; Franklin counties</p>	<p>Geographic area has 7-day rolling average positivity above 3.5% for 10 days</p> <p><u>AND</u></p> <p>Geographic area has 15 or more new daily cases per 100,000 residents on 7-day average</p>	<p>Geographic area has 7-day rolling average positivity above 4.5% for 10 days</p> <p><u>AND</u></p> <p>Geographic area has 15 or more new daily cases per 100,000 residents on 7-day average</p>	<p>Geographic area has 7-day rolling average positivity above 5.5% for 10 days</p> <p><u>AND</u></p> <p>Geographic area has 15 or more new daily cases per 100,000 residents on 7-day average</p>	
<p><b>Tier 4</b> Geographic area (ZIP, census tract, etc.) is located within a county of less than 50,000 people</p> <p>Counties in in Tier 4 include:</p> <p>Montgomery; Tioga; Cortland; Chenango; Greene; Allegany;</p>	<p>Geographic area has 7-day rolling average positivity above 4% for 10 days</p> <p><u>AND</u></p> <p>Geographic area has 15 or more new daily cases per 100,000 residents on 7-day average</p>	<p>Geographic area has 7-day rolling average positivity above 5% for 10 days</p> <p><u>AND</u></p> <p>Geographic area has 15 or more new daily cases per 100,000 residents on 7-day average</p>	<p>Geographic area has 7-day rolling average positivity above 6% for 10 days</p> <p><u>AND</u></p> <p>Geographic area has 15 or more new daily cases per 100,000 residents on 7-day average</p>	

Delaware; Orleans; Wyoming; Essex; Seneca; Schoharie; Lewis; Yates; Schuyler; Hamilton counties				
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*Note: These metrics are designed based on current state and nationwide positivity and case prevalence data as of October 2020. They are subject to change based on viral prevalence and spread statewide and nationwide.*

### **3. Implement Cluster Zone Focus Area:**

Once the geographic focus area has been formed, including buffer areas where necessary, the state will implement appropriate restrictions - listed below relative to limit spread of the virus. In addition, all zone areas will be subject to:

- Increased community testing efforts
- Increased enforcement and compliance efforts
- Outreach from state officials to support local containment and educational efforts
- Increased contact tracing support
- Increased public education outreach where necessary

Type of Activity	RED	ORANGE (BUFFER & WARNING)	YELLOW (BUFFER & PRECAUTIONARY)
<b>Worship</b>	25% capacity 10 people maximum	33% capacity 25 people maximum	50% capacity
<b>Mass Gathering</b>	Prohibited	10 people maximum, indoor and outdoor	25 people maximum, indoors and outdoors
<b>Businesses</b>	Only essential businesses open	Closing high-risk non-essential business (gyms, personal care, etc.)	Open
<b>Dining</b>	Takeout/delivery only	Outdoor dining only, 4 person maximum per table	Indoor and outdoor dining, 4 person maximum per table
<b>Schools</b>	CLOSED Remote-only		Open Mandatory 20% weekly testing of students and teachers/staff for in-person settings.

### **4. Metrics to Reopen**

After 14 days from being placed in a focus zone, the State DOH, in coordination with the local health department, and in consultation with global health experts, will determine whether data sufficiently demonstrate that the focus area (Red “Micro-Cluster” Zone, Orange Warning Zone, Yellow Precautionary Zone) has successfully reduced viral spread to a level able to be contained given testing, contact tracing and other health system metrics. Based on the below metrics and expert advisement, the State DOH will decide whether the Focus Zone will be extended, modified (redrawn geographic boundaries based on case prevalence and positivity data), or ended.

**NOTE:** Orange and Yellow Zones that are put in place solely as “buffer zones” to monitor case spread beyond a designated focus zone will be evaluated based on positivity data, cases per capita, and daily hospital admissions over the entire 14 day period to ensure there are no signs of broader spread from the focus area that prompted the zone creation. If after 14 days there has been no notable increase in positivity, new cases, or new hospital admissions from the buffer zone, the zone will - based on other epidemiological factors – become eligible to qualify for a new zone designation, or ending a zone designation, if appropriate.

Geographic Area	TARGET METRIC FOR ANY ZONE TO LEAVE ANY ZONE AREA	TARGET METRIC TO LEAVE ORANGE WARNING ZONE	TARGET METRIC TO LEAVE RED “MICRO-CLUSTER” ZONE	ADDITIONAL FACTORS FOR ALL ZONE DESIGNATION DECISIONS
<p><b>Tier 1</b> Geographic area (ZIP, census tract, etc.) is located within a county of 900,000 or more people or located within city of 90,000 or more people.</p> <p>Included in Tier 1: New York City boroughs; Nassau, Suffolk, Westchester, Erie counties; cities of Buffalo, Rochester, Syracuse, Albany, Yonkers</p>	Geographic area demonstrates decline in positivity (daily 7-day rolling average) over 10-day period AND has positivity below 1.5% (7-day rolling average) for at least 3 consecutive days at end of 10-day period.	Geographic area demonstrates decline in positivity (daily 7-day rolling average) over 10-day period AND has positivity below 2% (7-day rolling average) for at least 3 consecutive days at end of 10-day period.	Geographic area demonstrates decline in positivity (daily 7-day rolling average) over 10-day period AND has positivity below 3% (7-day rolling average) for at least 3 consecutive days at end of 10-day period.	<p><u>OR</u></p> <p>The State Department of Health (DOH), in consultation with the local department of health, may find that based on the above listed metrics, epidemiological considerations and/or other relevant factors, or other circumstances that a new zone designation is appropriate, or further data is required before a new zone designation can occur.</p>
Tiers 2, 3, 4 Geographic Areas (Monroe; Onondaga; Orange; Rockland; Albany; Dutchess; Saratoga; Oneida; Niagara; Broome; Ulster; Rensselaer; Schenectady; Chautauqua;	Geographic area demonstrates decline in positivity (daily 7-day rolling average) over 10-day period AND has positivity below	Geographic area demonstrates decline in positivity (daily 7-day rolling average) over 10-day period AND has positivity below	Geographic area demonstrates decline in positivity (daily 7-day rolling average) over 10-day period AND has positivity below	<p>Additional considerations include:</p> <ul style="list-style-type: none"> <li>• Trends in the daily hospital admissions from the geographic area</li> </ul>

Oswego; Jefferson; Ontario; St. Lawrence; Tompkins; Putnam; Steuben; Wayne; Chemung; Clinton; Cayuga; Cattaraugus; Sullivan; Madison; Warren; Livingston; Herkimer; Washington; Otsego; Columbia; Genesee; Fulton; Franklin; Montgomery; Tioga; Cortland; Chenango; Greene; Allegany; Delaware; Orleans; Wyoming; Essex; Seneca; Schoharie; Lewis; Yates; Schuyler; Hamilton counties)	2% (7-day rolling average) for at least 3 consecutive days at end of 10-day period.	3% (7-day rolling average) for at least 3 consecutive days at end of 10-day period.	4% (7-day rolling average) for at least 3 consecutive days at end of 10-day period.	<ul style="list-style-type: none"> <li>• A finding that new cases are tied to a specific congregate facility, or defined cluster</li> <li>• Increased compliance and enforcement actions taken by local government</li> <li>• Community cooperation to reduce viral spread</li> </ul>
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*Note: These metrics are designed based on current state and nationwide positivity and case prevalence data as of October 2020. They are subject to change based on viral prevalence and spread statewide and nationwide.*



## News Release

### FOR IMMEDIATE RELEASE

October 26, 2020

**Contact:**

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# Section One Executive Committee embraces regional approach and approves off-season workouts

**HARRISON, N.Y.** — On Monday, October 26, 2020, the Executive Committee of Section One, Inc., of the New York State Public High School Athletic Association (NYSPHSAA) met for the fourth time this school year.

The Section One Alignment Committee, in collaboration with Sport Chairs and Athletic Administrators from the 82 Section One member schools, proposed an amended basic league alignment. As a result, the Executive Committee adopted the amended **Basic League Alignment**, which consists of regionalized leagues for the five-class winter and spring sports (basketball, baseball, and softball) in the 2020-21 school year. With strong support of Athletic Administrators throughout the Section, the regionalized proposal provides each school with more local opportunities for league play.

In August, the NYSPHSAA and the NYSDOH provided authorization of school-based sports including off-season conditioning. At the time of this announcement, Section One “paused” to allow school districts the opportunity to place their primary focus on Fall Season I. Today, the Executive Committee revisited the authorization of off-season, sport-specific workouts for Section One schools. As a result, beginning on Monday, November 2, 2020, in accordance with NYSPHSAA eligibility standards and the



NYSDOH guidelines, the Committee unanimously approved sport-specific, off-season workouts for all sports.

In an effort to recognize the importance of athletic participation and without losing sight of the Committee's unwavering efforts to maintain the health and safety of our athletes, the Committee unanimously approved a series of regionalized championships. Discussions around concerns over travel and the Section's ability to maintain a playoff opportunity that prioritizes the health and safety of our student-athletes framed much of the Committee's decision. Today's decision to approve regionalized championships will also require that these events conclude prior to the Thanksgiving holiday.

The decision to alter the Section One Championship experience comes from concerns raised by Superintendents, Athletic Directors and Principals throughout the region, as COVID cases continue to climb in the Lower Hudson Valley. Furthermore, additional concerns were raised regarding the challenges presented by the COVID pandemic after the Thanksgiving holiday. Today's decision to regionalize the championship experience continues to reflect the Championship Committee's philosophy of providing an authentic experience for student-athletes during these challenging and unprecedented times.

In accordance with the **NYSDOH Sports & Recreation** guidance and the **NYSPHSAA Return to Interscholastic Athletics** document, winter sports are scheduled to begin Monday, November 30, 2020. However, NYSPHSAA and Section One are awaiting guidance on the authorization of competitions for high risk winter sports (basketball, competitive cheer, ice hockey and wrestling). The Section One Executive Committee is scheduled to meet next on Monday, November 16, 2020 at 10:00am and will review any new state guidance available at that time.

*The Center for Interscholastic Athletics, a division of Southern Westchester BOCES, serves 82 high schools in Dutchess, Putnam, Rockland, and Westchester counties, providing support with the organization and management of athletic programs. Section One is part of the New York State Public High School Athletic Association Inc., a non-profit organization that provides equitable and safe competition for the students of public, private and parochial member schools.*

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## PUTNAM COUNTY DEPARTMENT OF HEALTH

1 Geneva Road, Brewster, NY 10509 ■ 845-808-1390  
www.putnamcountyny.gov/health

A PHAB-ACCREDITED HEALTH DEPARTMENT

MaryEllen Odell  
COUNTY EXECUTIVE

Michael J. Nesheiwat, MD  
COMMISSIONER OF HEALTH

FOR IMMEDIATE RELEASE

Date: October 27, 2020

Contact: Shanna Siegel, RN, Public Information Officer, 845-656-4905

### **Health Department Says, “Think Small, “Cozy” Holiday Celebrations This Year”**

BREWSTER, NY—The leaves are falling, the air is crisp, and the holiday season is fast approaching. Halloween and Día de los Muertos are on most minds, but Thanksgiving, Chanukah, Christmas, Kwanzaa and New Year’s Eve are not far behind. This holiday season, when many long to travel and gather with friends and family, the coronavirus continues to present a threat. This is particularly true with older adults or those with pre-existing conditions.

“Here in Putnam County and New York State, we must remain vigilant to protect the most vulnerable among our families and friends” says County Executive MaryEllen Odell. “Some of the most joyful aspects of holidays have now become challenges we all have to face—from college students coming home for the holidays to grandparents coming in from out of town. The most important thing we must all consider is the health and well-being of our families and communicating with one-another about how our celebrations can be both joyful and safe.”

Caution and watchfulness continue to be important, despite reports about quick recoveries in more recent months since the pandemic began. What these cases most clearly demonstrate is the importance of evidence-based practices in science, as well as how powerful the social determinants of health are—barriers to accessing healthcare or medical treatment can greatly impact health outcomes.

“It is great and encouraging news to hear these success stories,” says Health Commissioner Michael J. Nesheiwat, M.D. “However, it is not a reason to let down our guard and become complacent about this infectious disease. Our health department, along with all public health agencies including the Centers for Disease Control, is recommending a ‘re-imagining’ of the holidays, with smaller gatherings and the potential for new traditions.”

A novel, no-risk tradition for people who normally travel for the holidays or host older adults or those with pre-existing conditions is hosting a virtual celebration. Sharing family recipes or mailing cookies or other shelf-stable treats before the virtual holiday allows everyone to have a taste of their holiday favorites. There are many online platforms to play ‘board’ games with far away friends, and there are even ways to watch movies together.

If celebrating the holidays in person, consider lower-risk variations of family traditions. Planning discussions should include wearing masks when not seated at the table, staying six feet away from each other, and strictly limiting contact with others for two weeks prior to the holiday. Small local gatherings can reduce risk, especially if an outdoor venue is utilized. For in-person gatherings, consider seating households at separate tables, or at opposite ends of a long table. As recommended with summer barbecues, each household can bring their own food, or order from a local restaurant and request individual portions.

Staying local is important too, as travel increases the chances of contracting and spreading COVID-19. Before travelling, check the transmission rates of the planned destination. Positive cases should be decreasing, and the positivity rate should be less than at home. These rates are tracked by Johns Hopkins University and can be found at <https://coronavirus.jhu.edu/us-map>. The risks for travel by car can be reduced by taking a personal vehicle and making as few stops as possible.

Although this holiday season will look different than in years past, joy can exist in new celebrations and being thankful for what continues. Taking extra precautions now will help keep loved ones healthy. For additional ways to celebrate holidays safely, visit the CDC's website at [www.cdc.gov/coronavirus/2019-ncov/daily-life-coping/holidays.html](http://www.cdc.gov/coronavirus/2019-ncov/daily-life-coping/holidays.html)

The mission of the Putnam County Department of Health, nationally accredited by the Public Health Accreditation Board (PHAB), is to improve and protect the health of the Putnam County community, composed of nearly 100,000 residents. Core services, provided directly and through collaboration, include community health assessment, disease surveillance and control, emergency preparedness, environmental health protection, family health promotion and health education. For more information, please visit our county website at [www.putnamcountyny.gov](http://www.putnamcountyny.gov); or visit our social media sites @PutnamHealthNY on Facebook, Twitter and Instagram.

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