

Child Development Center, Jewish Board Re-Opening plan for 2020-2021 School Year

INTRODUCTION: The Child Development Center, Jewish Board is committed to providing a high quality and developmentally appropriate school program to our students and families. We, along with our colleagues across the country, have seen huge changes to our schools and communities and have worked to adjust rapidly to these changes, as we strive to provide the best possible support and education during challenging circumstances. As we move to prepare for the upcoming 2020-2021 school year, we have been forced to weigh and balance the educational and social emotional needs of students and families against significant health and safety concerns as we face a pandemic of unprecedented proportions for our times.

The Child Development Center confirms that we will follow the guidance contained in the document, Recovering, Rebuilding, and Renewing: The Spirit of New York's Schools, along with continuing guidance from the Department of Health and Center for Disease Control, to the best of our ability. At the same time we recognize that the young age of our students, their developmental challenges, social emotional needs and need for direct, hands on support, is a reason why many of the guidelines will not be practicable for our program, particularly those related to social distancing from staff, and student use of face coverings. Despite challenges, we will adhere to all guidelines to the fullest extent practicable, given the age and developmental concerns of our students. As we know that social distancing and use of face coverings will not be feasible for many, if not most, of the children in our program, our plan focuses on protective measures that can be implemented by staff and by controlling the school environment. Key features of the plan will include full and adequate PPE provided and utilized by all adults, and to the fullest extent possible, by students, implementation of small cohorts of students and staff, separated into smaller units, with adequate spacing in the physical environment, pre screening and on site screening for adults and children.

The Child Development Center will follow the guidance of the Governor's Executive orders and those of the Mayor of the City of New York, and the School Chancellor in determining whether it is safe and feasible for schools to provide onsite instruction. During times when on site programming is practicable, the Child Development Center will strive to provide a hybrid/blended learning model, as outlined in this document. If health and safety reasons create circumstances that prevent this from being possible, we are prepared to revert to fully remote learning models. Given these uncertain times, as a school community, we are working to improve and refine our efficacy and practices in both blended and remote only models. We also know that now more than ever, it is vital that schools provide opportunities for community building and for establishing trusting and secure relationships between students, families and staff. It is also important to allow time for students, families and staff to understand, learn and practice health and safety routines. With this in mind, The Child Development Center will implement a 2 week remote only phase in and orientation period at the start of the 2020-2021 school year. Once the decision has made that it is safe for our school to open for in person services, we will then implement an additional 2 week on site phase in and orientation period in

order to ensure that staff, families and students are fully prepared for a safe and smooth transition back to the school site. Once the phase in and orientation has been completed, The Child Development Center will move forward with the reopening plan as outlined in this document.

COMMUNICATION/FAMILY AND COMMUNITY ENGAGEMENT

ENGAGEMENT

The Child Development Center will continue to engage with stakeholders in formulating and modifying plans for reopening, continued operations, and implementation of school programs, including such modifications and actions deemed necessary to support student health, physical and emotional well-being. Stakeholders will include:

Parents and Guardians: Parents and Guardians will have frequent opportunities to engage through use of surveys, focus groups and individual consultation and/or conversation with staff.

Staff (teachers, administrators, related service providers (independent contractors/therapists) and support staff): Staff will have frequent opportunities to engage through use of surveys, focus groups and/or individual consultation and conversation. Staff will continue to meet regularly in multiple configurations to continue to reflect, discuss and make necessary adjustments to the school program in order to safely meet the educational, emotional and health needs of students. Staff meetings will include, but not be limited to:

- Weekly full staff meetings

- Weekly Team meetings, by classroom

- Department meetings, discipline

- Regular bi-weekly individual and/or group team supervision and mentoring with School Administration.

Students: Students will be observed closely by staff in order to assess the impact of the program on their progress towards meeting educational goals and on their social-emotional and physical health. In addition to teacher/therapist observation and recording, feedback from parents/caregivers will also be elicited and considered in assessing student engagement and progress.

Local health departments and organizations: The Child Development Center will monitor and engage with the State Department of Education, New York City Department of Education and the Department of Health, Bureau of Daycare, in order to comply with mandates and best practice as outlined by the above organizations and in tandem with Center for Disease Control recommendations. In addition to internal staff support and communication (as above) for staff union members, communication and interaction with the Union and its members, are governed by the Collective Bargaining Agreement.

COMMUNICATION

The Child Development Center is committed to clear and consistent communication with stakeholders in order to fully communicate plans for reopening, continued operations, and implementation of school programs, as well as to share information regarding health practices and policies that may reduce exposure to COVID-19 in schools, homes and the community. Stakeholders will include:

Parents, Guardians and Caregivers: The Child Development Center will communicate with parents and guardians through a variety of platforms, including, but not limited to:

- Administrator “Coffee Hour” (Town Hall style meetings) to share information, answer questions and get feedback from families and the school community
- Email
- Printed materials sent home with students and sent by postal mail as appropriate to the current learning model
- Posted materials and video announcements on Class Dojo Platform
- Team meetings and direct communication between family members and staff

Staff has surveyed each family, and will continue to monitor, in order to determine their level of need and ability to access the various resources provided. Each family will be assigned to a direct contact person who is a member of the teaching staff, a social worker, and/or psychologist. These contacts will provide direct communication and support to families through zoom, class dojo, email, and phone consultation. Whenever possible, families are paired with a staff member who speaks their preferred language for communication. In instances when a staff member who speaks a family’s preferred language is not available, a translation service will be utilized. Child Development Center has access to a translation service through the Jewish Board. If for any reason, this service is not available, the school will work with the CPSE to arrange for a district translator. All communications referenced in this document will be provided in the language(s) spoken at home among families and throughout the school community. As needed, written plans will be accessible to those with visual and/or hearing impairments.

The aforementioned methods of communication will be utilized in order to communicate school procedures and policies, as well as important health and safety information. In addition, a variety of methods and modalities will be used to communicate health and safety procedures and expectations within the school building, including materials to encourage all students, faculty, staff, and visitors to adhere to CDC and DOH guidance regarding the use of PPE, specifically acceptable face coverings, when social distance cannot be maintained (*see Health and Safety/ Healthy Hygiene Practices section for further details*).

Additionally, the Child Development Center will develop and designate a lead coordinator and support team to function as point of contact upon the identification of positive COVID-19 cases

and to be responsible for subsequent communication. Coordinators will be responsible for answering questions from students, faculty, staff, and parents or legal guardians of students regarding the COVID-19 public health emergency and plans implemented by the school.

HEALTH AND SAFETY

Health Checks

Parents/guardians and staff members will be provided with resources to educate them regarding the careful observation of symptoms of COVID-19. Resources will be available via printed materials distributed and posted on the school dojo site. Family primary contacts (as described in section on communication) will review the information to ensure understanding and address any questions or concerns.

A mandatory health screening tool will be utilized to screen staff, students and visitors prior to entering the site, which will include the following questions:

1. Have you/your child knowingly been in close or proximate contact in the past 14 days with anyone who has tested positive through a diagnostic test for COVID-19 or who has or had symptoms of COVID-19?
2. Have you/your child tested positive through a diagnostic test for COVID-19 in the past 14 days?
3. Have you/your child experienced any symptoms of COVID-19, including a temperature of greater than 100.0°F in the past 14 days?
4. Have you/your child traveled internationally or from a state with widespread community transmission of COVID-19 per the New York State Travel Advisory in the past 14 days?
5. Do you/your child have a temperature that is above 100.0°F at the time of this survey?

Parents/guardians and school staff will be instructed that any student or staff member with a fever of 100°F, who is exhibiting symptoms of illness, or who answers “yes” to a screening question is not to enter the site.

Individuals will be asked to pre-screen before leaving home and will be provided with a method to upload their responses to a spreadsheet that will be monitored by a designated staff member on site. Individuals who do not have access to technology will be provided with paper forms to complete and bring with them to the site and/or will be screened upon arrival and/or will be provided with the option of communicating directly with a designated staff member.

Children, staff and visitors will also have their temperature scanned upon arrival at school.

Staff and adult visitors can self screen in between the double entry doors (enclosed area).

For children, responsible staff (screeners), supplied with PPE equipment will use a non-contact thermometer (such as an infrared forehead thermometer or infrared scanner) only and will follow the following protocols:

- Upon arrival, wash your hands and put on a facemask, eye protection (goggles or disposable face shield that fully covers the front and sides of the face), and a single pair of disposable gloves. A gown could be considered if extensive contact with a child is occurring.
- Take the child's temperature; after each screening, remove and discard gloves; and use an alcohol-based hand sanitizer that contains at least 60% alcohol or wash hands with soap and water for at least 20 seconds.
- Responsible staff (screeners) will screen in a location that is not a confined space and will maintain six feet of distance whenever possible. For student safety reasons this may not always be possible. Staff will make an effort to screen children at the threshold of the school bus or entrance to the school, maintaining the maximum distance that will allow for safe supervision of students.

Staff will closely observe and monitor students for signs of illness, with special attention to symptoms of coronavirus as reflected on the CDC website, and will monitor medical updates for updated lists of symptoms, regarding young children. Current symptoms to be aware of include:

Fever or chills (100°F or greater);

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

The Child Development Center does not have a school nurse. If a student is exhibiting these signs with no other explanation for them, then the child will be isolated in a designated area with a staff member and the parent/guardian will be immediately called to pick up their child. Children waiting for pick up will be supervised by a designated staff member who will be supplied with additional PPE including KN95 mask, face shield, gown, and shoe and hair coverings. Staff members exhibiting the aforementioned signs of illness will be sent home.

Health screenings including daily temperature checks and completion of a screening questionnaire are required for staff, contractors, vendors, and visitors. Students are required to have a daily temperature check and periodic completion of a screening questionnaire. Anyone who has a temperature of 100°F or greater or has a positive response on the screening questionnaire must be isolated from others and sent home immediately. Students will be screened in designated area, by staff supplied with full PPE and with the use of non- contact thermometers. Students who do not pass initial screening will be supervised by staff who are supplied with full PPE in the designated isolated area while awaiting transport home. The school will refer such persons to a healthcare provider and provide resources on COVID-19 testing.

Students and staff are required to notify the school when they develop symptoms or if their answers to the questionnaire change during or outside school hours. This information will be shared via the screening tool and by direct communication to the family designated contact or staff member's direct supervisor.

Per NYSDOH, schools are prohibited from keeping records of student, faculty, staff, and visitor health data (e.g., the specific temperature data of an individual). As such, The Child Development Center will not keep such information, and will only maintain records that confirm that individuals were screened and the result of such screening (e.g., pass/fail, cleared/not cleared).

The Child Development Center will provide weekly reminders regarding health screening protocols via email communication and updates to class dojo platforms, as well as through direct contact with assigned contact staff members.

Healthy Hygiene Practices

The Child Development Center will provide instruction to the school community in hand and respiratory hygiene, and will provide for adequate supplies and time to allow for frequent hand hygiene. Signs will be posted throughout the school that will include the following reminders to staff and the school community:

- Stay home if they feel sick.
- Cover their nose and mouth with an acceptable face covering.
- Properly store and, when necessary, discard PPE.
- Adhere to social distancing instructions.
- Report symptoms of, or exposure to, COVID-19.
- Follow hand hygiene, and cleaning and disinfection guidelines.
- Follow respiratory hygiene and cough etiquette.

- Signage will be posted throughout the school, including entrances, waiting rooms, bathrooms, classrooms, hallways, and other common, highly visible areas and shared spaces.
- Staff will have access to information regarding safety protocols and guidelines.
 - a. Trainings on how proper use and disposal of PPEs are available to staff via Healthstream and via real time interactive trainings conducted by a Medical team.
 - b. The program's COVID-19 Safety Plan will be posted on site and made easily available for staff to access.
 - c. Directors and supervisors will review and discuss safety protocols and guidelines during staff meetings and during individual supervision, as needed.
 - d. Child Development Center, Jewish Board Marketing & Communications Department sends COVID-related information to staff via email and other means, such as information on the reasons why staff should wear masks.
 - e. Written materials on how to wear, clean and dispose of masks have been provided to all staff.
 - f. Training on use of masks is available in Healthstream and via real time interactive trainings. All staff is required to complete the training. Completion is tracked via Tableau.
 - g. Staff will participate in ongoing trainings both internal and external, in order to refresh their understanding of health and safety guidelines and keep abreast of new recommendations.
- When possible, students will be taught or trained 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. As appropriate to our school population, skills and concepts will be introduced as part of the school curriculum, through direct instruction, social stories, and visual supports and cuing systems (i.e. picture schedules). Due to the young age of the student population, as well as the presence of potentially significant delays in cognitive, language, motor and social emotional development and skills, students will need significant and direct support in order to understand and follow COVID-19 protocols, and it is anticipated that many of our students will not be able to fully comply due to their health, developmental and emotional needs. Child Development Center staff will closely supervise students. As needed, staff will engage directly with students by using verbal and physical supports to ensure that health and safety requirements are met to the fullest extent feasible.

Hand Hygiene

Students and staff will wash hands upon arrival and before dismissal and at regular, planned intervals throughout the day. Hands will be washed: before snacks/meals; before and after toileting; after returning from outdoor locations or using shared materials, after coughing, sneezing or touching the nose or face and whenever hands are visibly soiled. Staff will also wash hands before and after removing PPE, and other times, as appropriate

Whenever possible, students and staff will utilize traditional hand washing (with soap and warm water, lathering for a minimum of 20 seconds), which is the preferred method. Each classroom, student and adult bathroom is equipped with a sink (hand washing station). Students will be taught lessons on proper hand hygiene and supervised to ensure follow through. Visual supports will be provided at all hand washing stations.

Alcohol-based hand sanitizers (60% alcohol or greater) will be provided throughout common areas (e.g. entrances, cafeteria), near high touch surfaces, and other areas where soap and water are not readily available. Signage will be placed near hand sanitizer indicating visibly soiled hands should be washed with soap and water. Students and staff who are unable to use alcohol-based hand sanitizers for health reasons will be permitted to wash their hands with soap and water.

Respiratory Hygiene

Students and staff will be instructed and reminded to cover their mouths or noses with a tissue when coughing or sneezing and dispose of the tissue appropriately.

A supply of tissues and no touch/floor pedal trash cans will be available in each room when feasible. If no tissue is available, staff and students will be instructed to use the inside of the elbow (or shirtsleeve) to cover the mouth or nose. Staff and students will be instructed and reminded to perform hand hygiene after sneezing, coughing and handling dirty tissues or other soiled material.

Social Distancing

The Child Development Center will take steps to develop, implement, and enforce social distancing in all school facilities and on school grounds. Staff will maintain the recommended six foot distance from each other. In working with students, staff will use good judgment to practice social distancing to the fullest extent feasible given the health, developmental, physical and social emotional needs of our school population. In meeting the needs of our students within our school, we will attempt to maintain social distance; however, given the core function of our school is to provide special education services it is most often necessary to provide hands on direct assistance to our students that will not allow for social distancing. An adequate supply of masks will be available to all staff and students and utilized by staff. Students will be instructed in the use of masks and encouraged to use them when social distancing is not practicable or

feasible. Every effort will be made to provide instructional and social emotional support to students in order to encourage their use of masks. However, due to their health, developmental and emotional needs, developmental disabilities and young age, it is likely that many of our students will not tolerate any face coverings.

In addition to the above, The Child Development Center will take the following steps to support social distancing to the maximum extent possible, given our mission, our mandate and school population:

- We will reduce the number of children on site to 50% or less of total enrollment. Students and staff members will be divided into static cohorts (A/B model) to minimize exposure and ensure adequate space to support social distancing to the fullest extent possible.
- Our school, and the majority of our families, relies on the school district and The Office of Pupil Transportation to provide transportation to our site. To the fullest extent possible, we will work with the bus company to arrange for staggered arrival and/or dismissal times to allow increased social distancing during these times. Reducing our student population onsite to 50% will also support social distancing efforts during arrival/dismissal. Families who walk or bring their children to school via public or private transportation, will be encouraged to arrive 10 minutes before or after scheduled school bus arrival times.
- Students will remain with the same cohort of students and teachers whenever they are on site. Therapists/ Related Service Providers will also be assigned to a designated cohort when delivering on site therapy and will be located in a space in close physical proximity to the classroom that will be reserved only for use by the designated cohort of students for that day. These spaces will be cleaned between each student by the treating therapist and deep cleaned at end of day by school custodial staff.
- Classrooms will be used by cohorts of 4-5 children at a time, to be spread out in demarcated areas of the room (quadrants); each child assigned a color that coordinates with space/materials/bins in the classroom. Items that cannot be cleaned regularly will be removed, remaining furniture may be used to establish quadrants. Children will be placed 6 feet apart from each other during daily activities times within the classroom.
- Physical activity (playground) will take place outdoors in the enclosed playground space. Only one class/cohort of students will access the space at a time, with the area to be cleaned between sessions. Staff will assist children in rotating through stations of activities on the playground, in order to allow for social distancing.

- Children’s use of bathroom will be staggered, allowing use at other times when necessary. Bathrooms will be monitored by staff to ensure social distancing, that they are clean, and students are washing hands after use.
- The site does not have windows that can be opened. HVAC systems will be monitored and modified as needed to ensure circulation of fresh air. Whenever safely possible, classroom doors will be kept open. Each class/cohort will have access to a designated area of the outdoor space for instructional activities, in addition to outdoor play times.
- Individual student belongings will be kept separated.
- Whenever possible, each child will have individual materials that are not shared with other students during the school day. When this is not possible, use of shared supplies will be limited to one group/cohort of students and cleaned after use.
- Lunch and snack will be eaten in the classroom. Children will be seated at individual tables 6 feet apart or further. Teachers, equipped with PPE will remain with children, maintaining social distancing to the fullest extent possible while ensuring student safety. Many of the children in our program demonstrate significant oral motor and feeding challenges, as well as sensory, fine and gross motor and social emotional delays and challenges. As such, it is anticipated that social distancing from staff will not be possible during mealtimes, as close proximity to staff is needed to ensure student health and safety.
- Student belongings will be kept in cubbies. Student dismissal from the classroom at end of day will be staggered to avoid gathering or crowding in the cubby area.
- Staff will limit gathering in small spaces (e.g., offices) by more than one individual at a time; when this is not possible, all individuals in such space will wear acceptable face coverings.
- Staff will ensure that a distance of twelve feet in all directions is maintained between individuals while participating in activities involving projecting the voice (e.g., singing, shouting or crying).
- The school will not hold student assemblies, group activities or school-wide parent meetings on site. School events, group activities and meetings will be held virtually.
- Visitors to school building will be limited. Parent and classroom observations will be suspended until such time as it is deemed safe to resume them.

Medically Vulnerable/High-Risk Groups

The following groups are at increased risk for complications from COVID-19 and may need added or alternative provisions for social distancing. The Child Development Center will provide reasonable provisions as needed, whenever it is within our capacities to do so. Students who

have family members who are in high risk groups may also need to attend school remotely. The Child Development Center will be prepared to provide a remote only option for any student who is not able to participate in on-site instruction for any reason.

Persons in these groups should consult with their healthcare provider regarding prevention:

- Individuals age 65 or older
- Pregnant individuals
- Individuals with underlying health conditions including, but not limited to:
 - Chronic lung disease or moderate to severe asthma
 - Serious heart conditions
 - Immunocompromised
 - Severe obesity (body mass index [BMI] of 30 or higher)
 - Diabetes
 - Chronic kidney disease undergoing dialysis
 - Liver disease
 - Sickle cell anemia
 - Children who are medically complex, who have neurologic, genetic, metabolic conditions, or who have congenital heart disease are at higher risk for severe illness from COVID-19 than other children.

The Child Development Center will work closely with families to understand each student's medical, developmental and social emotional needs. The Child Development Center will provide support, whenever possible, to ensure that families understand and have access to medical, mental health supports and social service resources as needed and appropriate in order to facilitate their child's return to school and/or provide a remote learning option.

Personal Protective Equipment (PPE)

We will review and follow guidelines from the Center for Disease control, along with OSHA COVID-19 guidance for information on how to protect staff from potential exposures. The Child Development Center does not have a nurse on site. Therefore, medical procedures and dispensing of medication will not be delivered on site, with the exception of emergency rescue procedures such as epi-pens and rescue inhalers. Staff members who assist students with use of inhalers will be equipped with full PPE, including KN95 mask, face shield, gown, and shoe and hair coverings, and will be trained by medical teams on protocols and procedures of safe implementation and proper use of PPE. Children who develop symptoms of illness during the school day will remain in a designated isolation area, supervised by a staff member who will have full PPE.

The Child Development Center will ensure adequate supplies of PPE for use by school staff as needed.

- Such PPE includes, but is not limited to:
- o face masks (disposable surgical masks)
 - o respirators (N95) masks
 - o eye protection or face shields
 - o gloves
 - o disposable gowns

Face shields, if used, must be used with a face mask and:

- Extend below the chin anteriorly;
- To the ears laterally;
- There should be no exposed gap between the forehead and the shield’s headpiece;
- Only to be worn by one person per shield;
- Be cleaned between use; and
- The wearer should wash their hands after removing the shield and before putting it on.

In order to meet requirements in obtaining PPE, we will use the following tool developed by the Massachusetts Department of Education to calculate how much PPE is needed.

DISPOSABLE MASKS					
<i>Initial recommended quantities per 100 individuals per group per school</i>					
	Quantity per	12-week	12-week	12-week	Assumptions
Group	100 per group	100% At-	50% At-	25% At-	
		tendance	tendance	tendance	
Students	100 masks per week	1,200	600	300	1 disposable mask per week per student (to supplement the cloth masks provided by parent/guardian).
Teachers and other staff	500	6,000	3,000	1,500	5 disposable masks per week per teacher.

MATERIALS FOR STAFF MEMBERS WILL WHO MAY BE IN HIGH-INTENSITY CONTACT WITH STUDENTS OR HANDLING WASTE MATERIALS

Initial recommended quantities calculated per 1 staff

Item	1-week Supply for 1 Staff	12-week Supply	Assumptions
Disposable Nitrile Gloves	10	120	10 pairs disposable nitrile gloves per week, per staff.
Disposable Gowns	10	120	10 disposable gowns per week, per staff.
Eye Protection	2	n/a	2 re-usable eye protection per staff total.
Face Shields	2	n/a	2 reusable face shields per staff total.
Waste Disposal Medium N-95 Ventilating Masks*	1	n/a	1 unit per staff total.
	10	120	10 N-95 masks per week, per staff.

Note: N-95 masks are recommended ***only*** if staff will be in contact with a suspected COVID-19 positive case and/or performing aerosol-generating procedures

Cloth Face Coverings

Cloth face coverings are meant to protect other people in case the wearer is unknowingly infected but does not have symptoms. Cloth face coverings are not surgical masks, respirators, or other medical personal protective equipment. All individuals in school facilities and on school grounds will be prepared to put on a face covering if another person unexpectedly cannot socially distance.

The Child Development Center will provide and distribute an adequate supply of face coverings to all staff, employees, visitors and students. All staff, employees, and adult visitors, will be

required to wear coverings/masks on site whenever they are within 6 feet of someone and in all common areas such as hallways, offices entry/exit areas.

Students will be instructed in the use of masks and encouraged to use them when social distancing is not practicable or feasible. Every effort will be made to provide instructional and social emotional support to students in order to encourage their use of masks. However, due to their health, developmental and emotional needs, developmental disabilities and young age, it is likely that many of our students will not tolerate any face coverings.

The Child Development Center will allow an employee to wear their own acceptable face covering but will not require that they supply their own face coverings. Employees with healthcare provider documentation stating they are not medically able to tolerate face covering will not be required to do so.

For students that will tolerate and wear face coverings during the school day, mask breaks will be scheduled. Furthermore, face coverings will **not** be placed on:

- Children younger than 2 years old;
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- Students where such covering would impair their health or mental health, or where such covering would present a challenge, distraction, or obstruction to education services and instruction;
- Anyone who has trouble breathing or is unconscious; or
- Anyone who is incapacitated or otherwise unable to remove the cloth face covering without assistance.

The Child Development Center recognizes that a significant number of our students fall into the above categories.

The Child Development Center will instruct students, parents/guardians, staff, contractors and vendors on:

- The proper way to wear face coverings;
- Washing hands before putting on and after removing their face covering;
- Proper way to discard disposable face coverings;
- The importance of routine cleaning of reusable face coverings; and
- Face coverings are for individual use only and should not be shared.

Students and staff may use alternate PPE (i.e., face coverings that are transparent at or around the mouth) for instruction or interventions that require visualization of the movement of the lips and/or mouths (e.g., speech therapy). These alternate coverings may also be used for certain students (e.g., hearing impaired) who benefit from being able to see more of the face of the staff member.

Management of Ill Persons

If Students or Staff become Ill with Symptoms of COVID-19 at School

School staff must immediately report any illness of students to the School Director, or other designated school staff. Such reports will be made in compliance with FERPA, and Education Law 2-d.

As a school nurse is not present at our site, our school will isolate and dismiss any student or staff member who has a fever or other symptoms of COVID-19 that are not explained by a chronic health condition for follow up with a health care provider. Children will be supervised by a staff member equipped with full PPE in a designated isolation area until a family member, or authorized pick up person arrives at the school. Multiple students suspected of COVID-19 may be in this isolation room only if they can be separated by at least 6 feet.

If a separate room is not available, staff will ensure to keep at least a 6-foot distance between ill students and other persons. If they cannot be isolated in a separate room from others, a facemask (e.g., cloth or surgical mask) will be provided to the student if the ill person can tolerate wearing it and does not have difficulty breathing, to prevent the possible transmission of the virus to others while waiting for transportation home. When the caregiver arrives:

The student will be escorted from isolation area to the parent/guardian;

The parent or guardian will be instructed to call their health care provider, or if they do not have a health care provider, to follow up with a local clinic or urgent care center;

Symptomatic students or staff members will follow CDC's Stay Home When You Are Sick guidance unless otherwise directed by a healthcare provider or the local department of health.

If the student or staff member has emergency warning signs such as trouble breathing, persistent pain or pressure in the chest, new confusion, inability to arouse, bluish lips or face, the school will call 911 and notify the operator that the person may have COVID-19; School staff will be aware of the symptoms of Multisystem Inflammatory Syndrome in Children (MIS-C) associated with COVID-19 which is a serious condition associated with COVID-19 in children and youth.

The schools will notify the parent/guardian if their child shows any of the following symptoms and recommend the child be referred for immediate follow up with a healthcare provider:

- o fever
- o abdominal pain
- o vomiting
- o diarrhea
- o neck pain
- o rash
- o bloodshot eyes

o feeling extra tired

If a student or staff member reports having tested positive for COVID-19, school administrators or his/her designee will notify the local health department to determine what steps are needed for the school community.

Per CDC and NYSDOH recommendations:

Areas used by a sick person will be closed off and not used until after cleaning and disinfection has occurred;

When possible, outside doors and windows will be opened to increase air circulation in the area.

The school will wait at least 24 hours before cleaning and disinfection. If waiting 24 hours is not feasible, then the school will wait as long as possible;

All areas used by the person suspected or confirmed to have COVID-19, such as offices, classrooms, bathrooms, lockers, and common areas will be cleaned and disinfected.

Once the area has been appropriately cleaned and disinfected it can be reopened for use.

Individuals without close or proximate contact with the person suspected or confirmed to have COVID-19 can return to the area and resume school activities immediately after cleaning and disinfection. (Refer to DOH's "[Interim Guidance for Public and Private Employees Returning to Work Following COVID-19 Infection or Exposure](#)" for information on "close and proximate" contacts.)

If more than seven days have passed since the person who is suspected or confirmed to have COVID-19 visited or used the facility, additional cleaning and disinfection is not necessary, but routine cleaning and disinfection should continue.

Return to School after Illness

The Child Development Center will follow CDC guidance for allowing a student or staff member to return to school after exhibiting symptoms of COVID-19. The Child Development Center will continue to monitor updated information regarding procedural timelines for adults and children.

Current guidelines outline that if a person is not diagnosed by a healthcare provider (physician, nurse practitioner, or physician assistant) with COVID-19 they can return to school:

1. Once there is no fever, without the use of fever reducing medicines, and they have felt well for 24 hours; if they have been diagnosed with another condition and has a healthcare provider written note stating they are clear to return to school.
2. If a person is diagnosed with COVID-19 by a healthcare provider based on a test or their symptoms or does not get a COVID-19 test but has had symptoms, they should not be at school and should stay at home until:
3. It has been at least ten days since the individual first had symptoms;
4. It has been at least three days since the individual has had a fever (without using fever reducing medicine); **and**
5. It has been at least three days since the individual's symptoms improved, including cough and shortness of breath.

COVID-19 Testing

The Child Development Center will comply with CDC guidance and not conduct COVID-19 testing or require testing or antibody testing of students or staff members. The decision of whether a test needs to be conducted should be determined by a healthcare provider or the local department of health. We will identify who in the community is responsible for referring, sourcing, and administering testing (e.g., local health department testing site, physician offices, hospital system) in the event that large-scale testing at the school is needed.

Contact Tracing

Contact tracing is a public health function performed by local public health departments to trace all persons who had contact with a confirmed case of COVID-19. This allows public health officials to put in place isolation or other measures to limit the spread of the virus. The Child Development Center will cooperate with state and local health department contact tracing by:

- Keeping accurate attendance records of students and staff members
- Ensuring student schedules are up to date
- Keeping a log of any visitors which includes date, time and where in the school they visited
- Assisting local health departments in tracing all contacts of the individual at school in accordance with the protocol, training, and tools provided through the New York State Contact Tracing Program.

The Child Development Center will comply with maintaining confidentiality as required by federal and state laws and regulations.

School Closures

The Child Development Center will collaborate with local health department to determine the parameters, conditions or metrics (e.g., increased absenteeism or increased illness in school community) that will serve as early warning signs that positive COVID-19 cases may be increasing beyond an acceptable level. Our school will close if absentee rates and/or number of students/staff identified with possible exposure to Covid-19 impacts the ability of the school to operate safely.

Cleaning and Disinfection

Child Development Center will adhere to hygiene, cleaning and disinfection requirements from the CDC and Department of Health including Reopening Guidance for Cleaning and Disinfection with specific guidance for schools along with the Cleaning and Disinfection Decision Tool to aid in determining what level of cleaning and/or disinfection is necessary. School wide cleaning will include classrooms, restrooms, libraries, playgrounds, and all common areas.

Where disinfectants are used, products registered with EPA and the NYS Department of Environmental Conservation (DEC) will be used.

When EPA-approved disinfectants are not available, alternative disinfectants can be used (e.g., 1/3 cup of bleach added to 1 gallon of water or 70% alcohol solutions). Maintenance staff will not mix bleach or other cleaning and disinfection products together. This can cause fumes that may be extremely dangerous to breathe in. All disinfectants and cleaning supplies will be stored in locked closets, out of the reach of children.

Maintenance staff will wipe down frequently touched surfaces (e.g. Door knobs, tables, light switches, handles, sink handles and faucets) with a disinfectant or bleach solution daily.

Maintenance staff will wipe down and disinfect all surfaces and public areas – including bathrooms – on a regular basis during the day.

Cleaning will be done on a set schedule and logs will be maintained on site by maintenance staff that document date, time and scope of cleaning.

Cleaning plans will include considerations regarding the safety of custodial staff and other people who are carrying out the cleaning or disinfection. (For more information on concerns related to cleaning safety, including training staff, see the Occupational Safety and Health Administration's website on Control and Prevention.)

Students will not be present when disinfectants are in use and will not participate in cleaning and/or disinfection activities.

The Child Development Center will establish and maintain a schedule for cleaning and/or changing heating/air conditioning system filters, per existing contract with provider. The Child Development Center will follow the manufacturer's instructions for cleaning and disinfection of electronic devices such as laptops, iPads or Chromebooks, keyboards and computer mice, etc., between use. If the manufacturer's guidance is unavailable, alcohol-based wipes or spray having at least 70% alcohol will be used per CDC Guidance.

Playgrounds will be cleaned per CDC guidance:

- outdoor areas, like playgrounds in schools and parks generally require normal routine cleaning, but do not require disinfection
- do not spray disinfectant on outdoor playgrounds- it is not an efficient use of supplies and is not proven to reduce risk of COVID-19 to the public
- high touch surfaces made of plastic or metal, such as grab bars and railings should be cleaned routinely
- Shared athletic/gym equipment (e.g., balls, protective gear) should be cleaned between use per manufacturer's directions.

Isolation Room Cleaning

While our school does not have a health office, we will follow suggested guidelines regarding our designated isolation area, including cleaning after each use of seating and rest areas and materials.

Other Considerations

Health Physicals and Screenings

Due to the COVID-19 pandemic and the effect it is having on healthcare providers, the Department released the memo Health Examinations in Light of COVID-19 Pandemic, which provides direction to schools when students are delayed in obtaining required health physical examinations, along with information on the required health exam form Required NYS School Health Examination Form.

The Child Development Center will follow the memo's guidance:

1. Schools are to continue to accept proof of a health examination regardless of the form it is completed on for exams conducted on or before January 31, 2021;
2. Parents/guardians are provided with additional time to provide the completed health exam to the school;
3. Beginning February 1, 2021 health examinations for schools are to be completed on the NYS Required Health Examination Form or an electronic health record equivalent form.

This directive may change depending on the status of the COVID-19 pandemic in the fall; and

4. Hearing, vision, and scoliosis screenings will be waived for the 2020-2021 school year due to the COVID-19 crisis, unless such screening has otherwise been deemed necessary, pursuant to an amendment to Commissioner's Regulations section 136.3(e).

Safety Drills

The Child Development Center will comply with Education Law § 807 requiring that schools conduct 8 evacuation and 4 lockdown drills each school year. Drills will be modified to minimize the risk of spreading infection while conducting drills as follows:

Drills will be conducted individually for each student/ staff cohort and modified further as necessary to support social distancing.

Each cohort will participate in drills during their time on site while they are in attendance in-person.

Regardless of the modification used when conducting a drill, staff, and students as appropriate to their developmental understanding, will be instructed that if it was an actual emergency that required evacuation or lockdown, the most imminent concern is to get to safety; maintaining social distancing in an actual emergency that requires evacuation or lockdown may not be possible and should not be the first priority.

Safety Coordinator

The Child Development Center will identify and designate a COVID-19 safety coordinator (administrator) whose responsibilities will include continuous compliance with all aspects of the school's reopening plan, as well as any phased-in reopening activities necessary to allow for operational issues to be resolved before activities return to normal or "new normal" levels.

FACILITIES

At 50% capacity of enrolled students and staff cohorts on site as planned, The Child Development Center will have adequate space to ensure social distancing without the need to expand physical space or alter existing spaces. Some spaces in the facility will need to be repurposed in order to provide space for social distancing guidelines. Specifically, rooms currently used by Speech Language Pathologists, Social Workers and Psychologists for therapy sessions that are not adequately sized. Other spaces in the school, such as larger play therapy rooms, conference areas, and outdoor and indoor play spaces are of adequate size and will be utilized as treatment areas for therapy. This repurposing will not interfere with existing fire codes, safety codes or occupancy limits, as these spaces are already designated for student and staff use and comply with all safety regulations. Since our school has adequate space, modifications will not be necessary to the physical facility. The following appropriate considerations and actions will be put into place:

Time Management and movement through the corridors: School schedules will be arranged at staggered intervals to reduce student use of the corridors. Arrows and signage will be used in corridors to indicate direction and social distancing

Leave Doors Open: Whenever safe and feasible, doors may be fixed in the open position. This is only permitted at doors without door closers and doors which are not fire rated.

Ventilation Mandatory Requirements

The Child Development Center will maintain adequate, code required ventilation (natural or mechanical) as designed.

Districts and schools are encouraged to increase the fresh air ventilation rate to the extent possible to aid in maintaining a healthy indoor air quality. The Child Development Center will have existing ventilation systems assessed to ensure proper functioning and adequate fresh air flow. As recommended in the guidance document, consideration will be given to installing a higher efficiency filter. Recommendations will be followed post inspection to upgrade filters if advisable and if so to ensure balancing of the HVAC system in order to ensure and maintain the code required ventilation rate.

CHILD NUTRITION

The Child Development Center is not a School Food Authority (SFA). The following guidelines will be implemented to ensure safety and sanitation:

Lunch: Children will bring lunch from home in a lunch box or other container. Families will be instructed to send prepared food that will not need to be heated or otherwise prepared/handled by staff. Whenever possible, food will be sent in easy open containers that students can manage independently.

Snack: The school will provide snacks that can be served in individually wrapped portions. Families are welcomed to send pre prepared snacks to supplement those that are offered by the school.

During all mealtimes, children will eat at separate tables separated by a minimum of 6 feet of space. Staff will be available to assist children as needed, and will be fully equipped with PPE.

Children and staff will wash their hands before mealtimes. Areas where food is served will be cleaned before and after use. If needed, disposable cups and plates will be used. Individual cups, bottles, plates and utensils that are modified to support children's feeding needs, will be sealed in plastic baggies and sent home each day with students to be cleaned and returned for individual student use. There will be no sharing of materials or food items between students.

SOCIAL EMOTIONAL WELL-BEING

The teachers and staff at The Child Development Center strive to make the school a caring and nurturing play-based environment, in which each child explores the world around him/her while interacting with his/her peers and teachers. We also work towards understanding children's behaviors and create a positive learning environment where children feel successful in their interactions with teachers and peers. Acknowledging and helping children find the language to express their needs and their emotions is the first step in nurturing positive and pro social behaviors. First and foremost, we want all of the children to feel good about themselves, to develop a strong sense of self and build their self-esteem.

Social Emotional Learning and Development is at the core of all aspects of the school program. Our staff includes Psychologists and Social Workers who provide clinical support and services to students and families in the school community, and function as members of school interdisciplinary teams. The following mental health services are available at the school:

Counseling: (play therapy) may be one of the modalities used in addition to the therapeutic environment of the classroom. Its purpose is to foster a child's development by developing strengths and addressing challenges in his/her social and emotional functioning. Its goals include enhancing a child's ability to represent and interact in play; furthering a child's capacity to socialize; improving a child's ability to regulate and organize his/her emotional experiences and strengthening a child's coping skills.

Parent counseling and Training: Families have the opportunity to meet regularly with their designated Psychologist and/or Social Worker for individual support. Parent support groups and workshops are also made available to all families. Social Work and Psychology Staff will continue to implement the above practices, expand and enrich strategies such as Circle of Security and FAN, to increase support for children and families as we transition back to the school setting.

Music Therapy: Music therapy is indicated for those children who need help with developing verbal skills, socialization, focusing or modulating their body movements. The musical instruments used are motivating and easy to play (drums, tone bells, guitar), ensuring success with minimal frustration. In music therapy the children's therapy goals are selected and integrated within the individual treatment plan. Each classroom receives group music therapy weekly. In addition, children may receive individual or small group music therapy sessions to support their overall progress towards meeting individual goals.

As we prepare to reopen, the Child Development Center reaffirms our commitment to the aforementioned services and practices, and to increasing and deepening our understanding of mental health, well-being, trauma-responsive and restorative practices, and SEL through professional learning, as we work collaboratively with staff, students, and families to strengthen partnerships and plan for implementation.

Referrals:

If families are in need of additional supports, Social Work, Psychology and Administrative Staff will refer and support families in accessing mental health, social service and other supports identified as areas of need. As part of a continuum of services with the Jewish Board there is an outpatient clinic and care management program co located on the site.

Equity and Racial Justice:

As early childhood educators and providers, we understand that systemic racism has a direct impact on children and families. We know this contributes to trauma and toxic stress and can negatively affect the development and care of the youngest and most vulnerable members of our community. We understand too, that health and economic repercussions related to the COVID-19 pandemic have disproportionately impacted people of color and low-income families and communities. As we move into a new school year, the Child Development Center will renew our commitment to diversity, equity and inclusion in our school environment. Some of the ways we envision this work occurring are already in place, some are in development and some are goals for us moving forward. Some of the ways we will work towards these goals are:

1. Ensuring representation in materials, curriculum and culturally responsive teaching practices:
 - Generate curriculum that supports and respects the diverse cultural and family backgrounds, encourages student discussion and corrects (if applicable) any misperceptions that children may have toward other groups.
 - Ensure that books, toys and other materials in the classroom are diverse, representative and reflective of the school community.
 - Invite families to define their ethnicity or culture and to share information about cultural backgrounds. Respect and support the preservation of children and families' home languages, cultural backgrounds, and goals.
 - Include families in decision making related to their children's education and invite families to share and participate in the school environment.
 - Learn about each family's aspirations for their child and collaborate to realize them. Call children by name, correctly pronounce and know how to spell each child's name. Address and praise both girls and boys with authentic praise for their actions and work, limiting references to physical appearance or clothing.

2. Proactively work to oppose racism and inequity in access to supports and services.
 - Analyze and respond to data relating to disparities in access to services and educational supports through advocacy and policy change.

- Provide comprehensive advocacy and support to families in securing appropriate services for their children and ensuring equity in relation to FAPE (Free and Appropriate Public Education).
- Commit to administrative and classroom instructional practices that are responsive to disparities and include access to supports and services.
- Develop and implement school culture practices that support a diverse and evolving community.
- Recruit, retain and promote staff of color.

3. Fostering professional development and anti-racist school culture. We commit to:

- Engage proactively in professional development focused on supportive and restorative practices regarding race, class and privilege.
- Develop and implement reflective exercises and practices to support our staff to actively think about how our individual values, beliefs and practices regarding children’s learning are influenced by our culture and life experiences.
- Provide opportunities where families are invited to discuss issues of race and racial bias freely and can obtain support from counselors within the school community as well as access to resources.

Adult SEL & Well-Being

The Child Development Center will provide staff with access to professional learning opportunities both on and off site that can better prepare them to support their own well-being as well as the well-being of the students and families they serve.

To further support staff, the Jewish Board offers an EAP+Work/Life benefit which provides confidential, telephonic access to a Licensed Professional Counselor or Work/Life Specialist, who can provide short-term assistance with various issues. The Health Advocate website also has a wide variety of online resources where staff can search a database and find articles, information and webinars including information related to coronavirus and Stress Management Strategies.

Student SEL and Well-Being

In order to support return to school, whether a remote or hybrid model will be implemented, the Child Development Center will develop an extended transition period to support the social and emotional well-being and resiliency of students and encourage connection, healing, and relationship-building.

Students, staff and families will participate in relationship and community building activities, including individual and group consultations and meetings, town hall gathering and “get to know you” events. In addition, teachers, therapists and school leaders will provide workshops and

support groups to introduce parents and caregivers to the various disciplines, support parent involvement, deepen home school connection and build collaboration and trust.

Child Development Center staff will work to create a safe, supportive, school environment for students to express and share their emotions and develop coping strategies as they transition back to the school setting and prepare for possible additional changes.

Child Development Center staff will offer frequent opportunities for movement and sensory activity to the extent possible.

The Child Development Center will continue to support interdisciplinary teams that work with the same cohort of students, meeting and communicating regularly.

SCHOOL SCHEDULES

Per the New York State Department of Health guidance, the Child Development Center plan will address a combination of in-person instruction and remote learning. The school will work towards a hybrid, or blended model. Students will be on site for in person learning 2 days per week and participating in remote/distance learning for the remaining days. Students and staff members will be divided into static cohorts to minimize exposure and ensure adequate space to support social distancing to the fullest extent possible. The following A/B schedule will be followed for student/staff cohorts:

A/B Cohort Schedule

- Group A: Monday, Tuesday In-school: Wednesday, Thursday, Friday Remote Learning.
- Group B: Thursday, Friday In-school: Monday, Tuesday, Wednesday Remote Learning.

As such, separate cohorts of students and staff will be present on site (Mondays, Tuesdays), and (Thursdays and Fridays). Both cohorts will engage in remote learning on Wednesdays, allowing the site to be deep cleaned between cohorts.

In addition to the classroom instruction (both on-site and remote), students will receive a portion of their mandated related services and therapies on site, and a portion through teletherapy.

Given the above schedule, the school will consider if certain students can be prioritized for an additional day of in-person instruction based on need, if the school can safely provide it. Factors considered will include: if a family cannot access remote instruction or must return to work and has no child care, student developmental delays make it difficult for her/him to access remote instruction, potential insecure home environment and parental stress etc. These factors will also be balanced with equity, capacity, social distancing, PPE, feasibility, and learning considerations in order to assess whether extra time on site is feasible and safe.

All families will be given the option to opt out of onsite instruction for any reason. For families that choose not to participate in onsite instruction, the school will provide a remote only schedule.

Staff Considerations.

The Child Development Center recognizes that members of our staff and/or their family and household members belong to Medically Vulnerable/High-Risk Groups. Whenever possible, the Child Development Center will make reasonable accommodations for these members of our staff. Potential accommodations may include providing additional PPE or social distancing measures, or if possible, providing a remote work option to vulnerable staff members, if such actions do not interfere with the smooth running and functioning of the program.

Adjusting the Model

The Child Development Center will maintain the hybrid model so long as it remains safe and sustainable. If COVID-19 cases develop, the school will consider restricting access within school facilities and across school grounds, particularly in affected areas to avoid full school closures. In such instances, the school may temporarily move a cohort where an individual has tested positive for COVID-19 to remote/virtual format until all contacts can be identified, notified, tested, and cleared.

The Child Development Center will collaborate with stakeholders including, but not limited to, teachers, staff members, parents/guardians and caregivers, when considering alternate schedules. The Child Development Center will communicate with parents and guardians through a variety of platforms, including, but not limited to:

- Direct communication between direct contact person and parents and guardians.
- Administrator “Coffee Hour” (Town Hall style meetings) .
- Email
- Printed materials sent home with students and sent by postal mail as appropriate to the current learning model
- Posted materials and video announcements on Class Dojo Platform

The Child Development Center will share scheduling plans with students, families, and staff as soon as possible before the start of the school year and anytime a change is required in order to allow families to plan childcare and work arrangements.

The Child Development Center will maintain the hybrid model so long as it remains safe and sustainable and we will also be prepared to shift back to fully remote learning models should circumstances change. Factors that would precipitate a return to remote only instruction could potentially include:

- Increase of cases of Covid-19 leading to stay in place mandates, state or city-wide school closures.

- An increase in localized community or school-wide cases.
- Lack of transportation (school bus service) that would prevent students from being able to get to the school site and/or create inequity in provision of services throughout the school community.
- Staff shortages due to Covid-19 related illness, or any other causes, that would impact safe supervision of students.
- Chronic absences of staff and/or students that impact the functioning and efficacy of the school program.

Regardless of the instructional model implemented, staff will examine and adjust protocols and policies to prioritize equity and access for all students.

ATTENDANCE AND CHRONIC ABSENTEEISM

Attendance

Teachers will be responsible for logging student attendance and participation in both onsite and remote instruction.

On site: Student attendance will be taken upon arrival at school. Daily attendance sheets will be located in the classrooms and provided to the School Secretary at end of day. The School Secretary will be responsible for recording student attendance and maintaining school attendance records.

Remote: Teachers will continue to mark entries in the existing student contact logs for each day that students are not physically on site. Students will be marked as present if they participate in any aspect of the remote learning program including but not limited to:

- Synchronous or asynchronous group instruction.
- Individual education or teletherapy sessions
- Viewing of materials and activities provided on class dojo platform
- Teacher or therapist Collateral sessions with parents/caregivers

Student Contact Logs will be provided to the School Secretary at end of week. The School Secretary will be responsible for recording student attendance and maintaining school attendance records.

The school secretary will also monitor and maintain the certified monthly roster (CMR) for accuracy.

Therapists and related service providers will record sessions in Easy Trac notes and/or parent contact log, as appropriate.

Chronic Absenteeism

During these challenging times, the development of positive school relationships may be a lifeline for students disconnected from school. School staff, including direct contact staff will make concerted efforts to reach out to families in order to assess student and family needs and encourage participation in the school program models. School staff will utilize phone calls, texting, email, and class dojo message to establish contact with families. Once contact is made, emphasis will be on addressing the student's or family's barriers to "attendance" or engagement with instruction and provide support and strategies whenever feasible.

TECHNOLOGY AND CONNECTIVITY

In order to support access to technology and connectivity, the Child Development Center will:

- Survey parents and guardians to determine the level of access to computing devices and high-speed internet to which students have access in their places of residence. This will include assessing whether a family has sufficient devices available for use by all students and family members in the household.
- Work with school districts to address the need to provide devices and internet access to students and teachers who currently do not have sufficient access.
- Provide professional development for leaders and educators on designing effective remote/online learning experiences and best practices for instruction in remote/online settings.
- Adjust Information Technology (IT) Support as necessary to support teachers, students, and families.
- Ensure student data privacy and security will be maintained and that the school is in compliance with Federal and State laws related to student technology use.
- Provide both support and flexibility to families when designing remote/blended/online learning experiences.
- Provide consistent methods of communication and times that communications are sent, predictable deadlines, and the provision of instruction in multiple modalities (recorded video, recorded audio, written translation).

TEACHING AND LEARNING

The Child Development will provide 180 days of instruction during the regular school year, and 30 days in the summer session. Instructional days will be counted for programs that are delivered in-person, remotely, or through a hybrid model.

The Child Development Center will provide a continuity of learning plan for the 2020-2021 school year that is aligned with the Preschool Foundation Common Core Standards and will prepare for in-person, remote, and hybrid models of instruction as follows.

On site learning portion of hybrid model will incorporate cohorts of students with assigned staff members, including a licensed and certified Special Education, Teacher, Clinical Staff and Related Service Providers. During the school day, students will participate in structured activities such as Circle time, small group and individual instruction. They will also participate in center time, physical activities, movement and sensory activities. Although social distancing between students will be supported and maintained, staff will, whenever possible support children's social emotional development, play skills and relationships with peers. Students will receive a portion of their related service therapies in person on site.

Remote portion of hybrid model will incorporate synchronous and asynchronous group instruction, including circle times and instruction via live platform and recorded modalities, provision of materials and activities provided on class dojo platform and/or sent by email or, if needed, postal mail, individual education or teletherapy sessions for students, teacher or therapist sessions with parents/caregivers. Students will also receive a portion of their related service therapies remotely via teletherapy. Should the school need to revert to a remote only model, the aforementioned modalities will be increased and will become the remote learning model until such time as onsite instruction is deemed safe to resume.

All models of instruction will:

- Present a curriculum that is experiential, play based and child driven.
- Provide opportunities for scaffolding, support and encouragement to take students to the next level in their development across domains.
- Assess where children have strengths and where their challenges lie, then plan activities, both structured and unstructured, that will allow children to utilize their strengths in order to address their areas of weakness.
- Support children's development in all domains, with an emphasis on supporting the development of language, social and play skills.
- Introduce appropriate preacademic readiness skill at differentiated levels appropriate to students' level of development.
- Introduce pre academic skills such as (but not limited to) color recognition, understanding of prepositional, temporal and quantitative concepts, sorting, matching, labeling and sequencing as infused into play and language based activities and teacher/child interactions.
- Infuse early math concepts such as 1:1 correspondence, rote counting and part/whole relationships into daily activities and group lessons. Likewise, literacy skills such as group reading, individual and shared readings, letter recognition and sound symbol

correspondence are incorporated throughout the school day and integrated into both individual activities and group instruction.

- In preparing lessons and activities, teachers provide multiple points of entry that will allow children of varying abilities to fully participate and learn.
- Follow the lead of the children in the class in developing curriculum and thematic units based on the interests and needs of the students. Curriculum units will vary in length depending on the topic and the interests/needs of the learners. Curriculum themes are incorporated into all aspects of the school day including small and large group instruction, activities and centers.
- Develop curriculum units and instruction based upon the children's interests and needs, while keeping in mind both their IEP goals and the teacher's goals for the class as a group.
- Develop instructional experiences that are inclusive, culturally responsive, and considerate to the needs of all students.

This school year, it will be important for all classroom cohorts to engage in curriculum that specifically addresses children's recent experiences during the pandemic and return to school, with particular focus on supporting student social emotional needs and development. All staff will develop and implement trauma informed practices, as they prepare to welcome students back to the school environment.

Teachers will prepare for the fact that returning students and new students transitioning into the program are likely to demonstrate regression and/or a high need for emotional support. All cohorts will spend time on socialization and creating a climate of safety, comfort, and routine.

Equity must be at the heart of all school instructional decisions. All instruction will be developed so that whether delivered in-person, remotely, or through a hybrid model due to a local or state school closure, there are clear opportunities for instruction that are accessible to all students. Such opportunities will be aligned with State standards and include routine scheduled times for students and their families to interact and seek feedback and support from their teachers. Instruction aligned to the academic program will include regular and substantive interaction with an appropriately certified teacher regardless of the delivery method (e.g., in person, remote or hybrid).

Families will be able to communicate with teachers, related service providers, clinical staff and school leadership by phone, email, messaging on class dojo platforms. Further, each family will be assigned to a direct contact person who is a member of the teaching staff, a social worker, or psychologist. These contacts will provide direct communication and support to families through zoom, class dojo, email, and phone consultation. This information will be made accessible to all, available in multiple languages based on school need, widely disseminated, and include clear and multiple ways for students and families to contact schools and teachers (as described above).

In order to best support staff efficacy, The Child Development Center will:

- Provide opportunities for staff to meet prior to the start of school to discuss individual student needs and share best practices with in-person, remote, or hybrid models of learning.
- Identify any additional professional development needs for administrators, teachers, and teaching assistants for the upcoming school year, particularly those needs related to teaching remotely and the use of technology.

In order to assure health and safety of students (and in addition to all aforementioned protocols) the Child Development Center will adhere to the following health and safety guidance:

- Family style eating will not be practiced due to social distancing requirements and for health and safety requirements.
- Sensory materials will be provided for individual student use. The school will avoid centers that include multiple students using it at one time, such as water/sand tables, sensory tables, etc.
- The school will, whenever feasible, provide students with individual sets of materials to avoid sharing of common items; and follow proper sanitation guidelines from the Department of Health after children have been at a learning center or in small groups.
- All cohorts will refrain from strategies and practices that encourage physical contact, such as hand-holding buddy systems.
- When developing remote learning plans, the school will be cognizant of the amount of time young learners are spending directly viewing screens and will, as often as possible, design authentic learning activities for students to engage in at home.

Staffing

To provide flexibility for in-person Prekindergarten programs in the 2020-2021 school year, the following will be allowable:

Primary Instruction: Primary instruction will be delivered by a certified teacher as outlined in Education Law sections 3602-e and 3602-ee.

o For flexibility and to comply with social distancing requirements for the 2020-21 school year, another staff member can oversee students during learning centers in an alternate learning space so the lead teacher can provide primary instruction to students.

Staffing Ratios

The Child Development Center will continue to comply with the 8:1:2 CPSE staffing ratio for our program in regards to enrollment. Onsite instruction will be reduced to 50% capacity (A/B schedule) on any given day.

Considerations for Volunteers, Visitors, and Service Providers

The Child Development Center will limit the number of volunteers and unnecessary visitors. For necessary visitors, the school will communicate clearly all protocols that must be followed prior to entering classrooms. Any volunteers or visitors will be required to follow all the health guidance and protocols set forth in all sections of this document.

SPECIAL EDUCATION

The Child Development Center is a center-based, special education pre-school program that serves a diverse population of children with a variety of developmental delays and variations. All students in our program have an IEP, with a classification of “preschooler with a disability”. As such, all of the information included in this document is intended to provide FAPE and meet the needs of preschool students approved for Special Education services through the CPSE.

Additional considerations not covered previously in this document, and related to special education services are outlined here:

Least Restrictive Environment (LRE)

All students have been placed into our program by the CPSE after determining that a center based special class setting is the appropriate placement to meet the student’s need and provide FAPE.

IEP Implementation

Until schools return to normal operating conditions, the same flexibility with respect to IEP implementation for delivery of services during school closures due to the COVID-19 outbreak continues to apply to the programs and services whether delivered in-person and/or remotely (e.g., flexibility with respect to the mode and/or manner; group or individual sessions; specific group size for related services, frequency, duration and location of related services, and special class size ratio etc.).

Provision of Services

The Child Development Center will ensure that, to the greatest extent possible, each student with a disability can be provided the special education and related services identified in the student’s IEP. During the 2020-21 school year, due to the health and safety requirements that must be in place when schools resume, schools may not be able to provide all services in the same mode

and/or manner they are typically provided. Children at our school will, when possible receive services on site but will also receive a portion of their service via teletherapy.

Progress Monitoring

Teachers and service providers will continue to collect data, whether in-person or remotely, and use these data to monitor each student's progress toward the annual goals and to evaluate the effectiveness of the student's special education services. As during typical circumstances, the school will provide four quarterly progress reports and updates, one of which will be a comprehensive annual assessment. Reports of progress to parents will be made via zoom meeting conferences and/or telephone or other electronic means if progress reporting procedures specified in the student's IEP cannot be met with reasonable efforts.

Best Practice for Contingency Plans

In March 2020, NYSED provided guidance in conformance with the federal Office of Special Education Programs (OSEP) that IEPs did not need to be amended as schools converted to online or virtual learning platforms. As the COVID-19 pandemic evolves, CPSE/CSE should prepare for all contingencies and consider plans to address students' remote learning needs in the event of potential future intermittent or extended school closures. The Child Development Center will collaborate and cooperate with the CPSE in developing and implementing appropriate IEPs for our students.

IEP Implementation Documentation

The Child Development Center will continue to document student progress through weekly session notes, teacher observation and recording and quarterly progress reports. During remote instruction periods, teachers will also utilize the Student Contact Log and will communicate to parents/caregivers regarding student engagement in progress regarding remote learning activities.

Eligibility Determination/Annual Review Meetings

The school will continue to provide progress reports to the CPSE and "Turning Five" Reports to the CSE teams for turning five students. School staff will be available to participate in annual reviews and "turning five" meetings via phone or electronic platforms.

Technology

The Child Development Center will review student IEPs and communicate with families to ensure that we are aware of the students with disabilities requiring assistive technology that is used to increase, maintain, or improve their functional capabilities. The school will support student access to their working technology and any accompanying programs. The school will continue to collaborate with CPSE assistive technology teams in identifying students in need of assessment. For students with approved devices, the school will provide parents and families

with a list of individuals, including their contact information, available to respond to questions and concerns regarding the assistive technology device and/or service for their child(ren).

CERTIFICATION

All six classrooms at the Child Development Center are led by fully licensed and certified Special Education Teachers. Assistant Level teachers have Assistant Teacher Level 1 certification, or are in process to attain certification, with an approved study plan. If a member of the teaching staff were to leave the program, all reasonable efforts would be made to secure a properly licensed and certified teacher as a replacement.