

The Children's Center at UCP

United Cerebral Palsy Association of Greater Suffolk, Inc.



Education Reopening Plan

September 2020

TABLE OF CONTENTS

<i>TABLE OF CONTENTS</i>	<i>1</i>
<i>INTRODUCTION</i>	<i>2</i>
<i>COMMUNICATION/FAMILY AND COMMUNITY ENGAGEMENT</i>	<i>5</i>
<i>HEALTH AND SAFETY</i>	<i>13</i>
<i>FACILITIES</i>	<i>27</i>
<i>NUTRITION</i>	<i>28</i>
<i>TRANSPORTATION</i>	<i>29</i>
<i>SOCIAL AND EMOTIONAL WELL BEING</i>	<i>30</i>
<i>SCHOOL SCHEDULES</i>	<i>33</i>
<i>ATTENDANCE & CHRONIC ABSENTEEISM</i>	<i>37</i>
<i>TECHNOLOGY AND CONNECTIVITY</i>	<i>41</i>
<i>TEACHING AND LEARNING</i>	<i>46</i>
<i>SPECIAL EDUCATION</i>	<i>49</i>

INTRODUCTION

It is difficult to comprehend how much our world has changed since March of 2020. The COVID-19 pandemic has impacted our students, their families, our staff and our schools in ways many of us have yet to fully understand. At these unprecedented times, we must reflect on the end of the 2019-20 school year to learn from our decisions to help inform our actions for the year ahead.

There is no doubt that the 2020-21 school year will provide its own set of unique challenges. It is our goal to utilize this document to prepare our staff, students, families and partner Counties and School Districts for the wide variety of situations that we may face in the year ahead.

This document was developed through the collective efforts of United Cerebral Palsy Association of Greater Suffolk, Inc., The Children's Center at UCP, staff, including key program administrators that represent the nursing, clinical, therapeutic, Information Systems, security and maintenance departments. The Children's Center at UCP sincerely thanks each person who played a role in the development of this document.

It is anticipated that this document will be updated, as additional guidance is provided by the Centers for Disease Control (CDC), the New York State Department of Health (DOH), the New York State Education Department (NYSED), Local Health Department, and, as our collective understanding of the COVID-19 virus evolves.

It is The Children's Center at UCP's goal to utilize this document, with its included safety procedures, to keep our students and staff, as safe as possible as we reopen our programs. If we each accept our role and responsibility to implement the practices set forth, we will be able to achieve our goal to reduce the risk of spreading COVID-19, and, to create an environment where our students can achieve their greatest level of independence.

PROGRAM OVERVIEW

THE CHILDREN'S CENTER AT UCP

United Cerebral Palsy Association of Greater Suffolk, Inc. is a 501(c)(3) nonprofit organization providing innovative programs and services that support people and create opportunities to fulfill life choices... one person at a time, through everyday miracles. The breadth of the agency's programs extends from serving newborns, early childhood, school age and adults, and focuses on services to support individuals with intellectual disabilities as well as those with mental, physical and behavioral health needs.

"To make a difference in the lives of children with disabilities through an educational partnership joining home, school and community"

The Children's Center is a comprehensive educational program designed to meet the needs of students with developmental delays and disabilities from infancy through 21 years of age. The program operates through funding provided by the New York State Department of Health and New York State Education Department.

At the Children's Center, students are offered a full complement of educational and therapeutic services to promote development in the following domains: cognitive, physical, social-emotional, communication and adaptive/self-help. Parents and guardians serve as active participants in their child's educational planning and as resources to the school-based team. Options for family support and parent training are also available.

The Program has 3 major components:

➤ **Early Intervention-**

Provides center-based and home-based services to infants and toddlers, birth through 2 years 11 months, who meet the criteria set forth by the New York State Department of Health.

➤ **Preschool-**

Serves children, ages 3-5 years, in a comprehensive, full-day, center-based program. Current program options include one 12:1:4 special class and one 12:1:2 special class.

● **School Age-**

Offers educational, therapeutic and social opportunities for those students, ages 5-21, requiring specialized services outside of their home school district. The school-age program serves a maximum of 54 students in ungraded, multi-age classrooms, with student/teacher ratios of 6:1:3 or 12:1:4. Fourteen of the school-age placements are reserved for students who already reside in one of two UCP Suffolk's Children's residences.

COMMUNICATION/FAMILY AND COMMUNITY ENGAGEMENT

Ensuring effective communication methods are in place is of the utmost importance during this time. The following sections detail the ways in which correspondence will occur to ensure that stakeholders, parents/guardians, students, faculty and staff stay informed of the latest protocols. Methods of communication include but are not limited to: phone calls, emails, text messages, Remind App, Agency website postings, news outlets, and mailings. It should be noted that a variety of communication methods will be utilized to communicate information to key stakeholders, based on the recipient's preference.

COMMUNICATIONS WITH STAKEHOLDERS/COMMUNITY MEMBERS

The Children's Center at UCP views the key stakeholders of its education programs to include: Partner School District leadership, School District CPSE/CSE Chairpersons, representatives from the local County Department of Health, the Agency Nursing Supervisor, parents/guardians with children in our program, staff and members of the United Cerebral Palsy Board of Directors.

As the current educational environment is ever-changing, it will be critical to maintain open and honest communication with each of these key stakeholder groups. Specific information relative to each community/program partner will be transmitted in a variety of methods, including phone calls, emails and mailings. Decisions will be made by United Cerebral Palsy Association of Greater Suffolk, Inc. and The Children's Center at UCP program leadership team as to who will communicate with each group, based on the information to be shared.

PARENT/GUARDIAN COMMUNICATIONS

The classroom teacher, or designated classroom staff member, will perform frequent outreach to students, and their families, to ensure necessary supports are in place for academic success. This communication will be conducted through phone calls, text messaging, Remind App, video conferencing, social media posts, mailed communications, and/or any combination of these methods, depending on family preference. Parents/guardians will be provided contact information for staff working with their child, including teachers, therapists and program administrators to further strengthen rapport and ensure open lines of communication. Families will be encouraged to communicate with the education team as any questions, comments, or concerns arise.

Additional measures to keep families informed, include:

GOOGLE CLASSROOM

The Children's Center at UCP will utilize Google Classroom and Zoom as the preferred platform to host virtual learning. While Google Classroom is utilized for instructional content, assignments, and curricular activities, Zoom Meetings and Teletherapy allow two-way communication opportunities between parents/guardians and education staff. Education team members are able to use any combination of these tools for announcements, or for one-on-one conversations. These modules include several options for information exchange such as video, voice, or text, to accommodate family preferences.

REMIND APP NOTIFICATION SYSTEM

As is it sometimes necessary to communicate time sensitive information to large groups of parents/guardians, and faculty and staff, a mass notification system is in place. Remind is an app system that will be used to create and send routine or emergency messages to groups of users via automated text message.

Parents/guardians will be given a permission form to opt in to the service, and will provide a primary phone number and email address to which they would like to receive notifications. Parents/guardians also have the ability to opt out of this communication method at any time.

Routine notifications – these are communications that do not directly deal with the safety of students or staff. These may include, but are not limited to:

- Change in program model
- Reminders related to health and safety protocols
- Information on upcoming events
- The cancellation of a school activity
- School closings or delays
- Absenteeism

Emergency notification only – these are communications sent only during critical incidents in which a child’s or staff member’s safety may be in immediate jeopardy. These calls may include, but are not limited to:

- Lockdowns
- Evacuations
- Relocations

Remind App also includes the ability to translate messages into numerous different languages to ensure families get the information they need in their native language.

Remind App will be a primary tool used to communicate relevant information to parents/guardians and staff. As not all stakeholders will opt into this method of communication, additional, low tech options, will also be utilized.

LOW TECH COMMUNICATION OPTIONS

For families that do not have access to technology, or decline the use of technology despite best outreach and supportive measures, low tech communication options will be deployed. Mailed packets, communications, and/or materials will be sent through the United States Postal Service, and/or with students in their backpacks.

PARENT/ GUARDIAN PHONE ASSISTANCE

The Children’s Center phone number, **631-543-2338** is to be used by parents/guardians to call to obtain relevant information at any time. Calling the phone number will allow parent/guardians to obtain the most current school information and updates. Parents/guardians may choose to leave a voicemail message which will be forwarded to a designated member of the education team for further response.

SOCIAL MEDIA AND NEWS OUTLETS

The Children's Center may choose to communicate with families via social media platforms including but not limited to: Facebook, Agency Website and Remind. Family participation in this type of communication will be optional. Choosing to participate in such will be received as the family's consent to receive information via social media applications.

Correspondence through social media may include:

- Announcements regarding program events or closures
- Details and/or surveys regarding health and safety procedures
- Guidelines from the CDC and DOH
- Resources for families regarding physical and mental health

As not all families have access to the various social media platforms, this will not be the primary method of communication, rather, will be used as a supplement to other forms of communication.

Program information, such as closures, may also be reported through local news outlets, which can be accessed through radio, television, and web-based connections.

AGENCY WEBSITE

The Children's Center website may be utilized for mass communication measures. The agency website and The Children's Center Website may be used to post general information about health and safety standards with guidance from the CDC and DOH, as well as changes in the program model.

As this method relies on parents/guardians checking the website for updated information, it will not be the primary method of communication, rather, will be used as a supplement to other forms of communication.

TRANSLATION/ INTERPRETING SERVICES

In the event parent/guardians require translation or interpreting services, The Children's Center will work collaboratively with families, and/or with the student's home school district to provide such measures. This will help to ensure parents are properly informed of the educational services provided.

COVID-19 PROTOCOLS & SAFETY FOR STUDENTS

Students enrolled at The Children's Center at UCP have complex needs that may make it difficult for them to fully understand and/or fully comply with established COVID-19 safety protocols. As such, staff will need to provide frequent reminders of the established protocols, and, will need to create opportunities for our students to practice these tasks. All students will be encouraged to wear a face mask provided by their parent/guardian. The Children's Center will provide masks to students that do not arrive to school with their own mask. All students will have multiple opportunities to practice hand washing, sanitizing personal items, and social distancing from other students and staff members. Visual cues will be provided to indicate appropriate distance within the classrooms and when transitioning in the hallways. For students requiring a more individualized approach for tolerating wearing a face mask, the clinical and educational teams will work together to assess and teach toleration skills.

HAND WASHING

To ensure students follow the steps to thoroughly wash their hands throughout the day, individualized teaching procedures will be developed in collaboration with the clinical team. These procedures will be taught utilizing prompt fading specific to the student and may include video modeling, task analysis, visual charts, etc.

FACE MASK WEARING

The educational and clinical teams will collaborate to ensure the students can demonstrate the pre-requisite skills for mask wearing, including independently removing the mask and the ability to communicate difficulty breathing or distress. Following the assessment of these pre-requisite skills, individualized procedures will be developed to teach wearing a face mask, increasing the amount of time that a mask is tolerated and for wearing the mask for extended periods of time.

Students with a medical concern that should not wear a mask, or should not work on toleration skills towards wearing a mask, should obtain a note from their healthcare provider detailing why the student cannot wear a mask.

Teaching procedures may utilize shaping in which staff reinforce the small steps that lead to appropriately wearing the face mask. While teaching this skill, the students will be provided with multiple opportunities to make a choice including what mask they would like to wear, how they would like to wear it, choices of preferred items to engage with while wearing the mask, and whether or not they want to participate in the mask wearing lesson.

STAFF AND VISITORS

STAFF COMMUNICATION AND TRAINING

The Children's Center teachers, clinicians, administration and office staff each have an agency email account that can be accessed at any time, in any place that offers internet connection. Classroom support staff have access to the Remind App and personal email if they choose. This will be utilized as the main form of communication to disseminate information to staff in The Children's Center...

Verbal announcements using the Phone/PA system will be utilized when staff members are on site. Mailed or printed materials may also be handed out to staff or mailed to the home if needed.

An Online or On Site training format will be utilized to conduct online trainings related to relevant information for staff regarding health and safety procedures that help promote the safety of all involved. As appropriate trainings are developed, they can be assigned to specific employee groups. Completion of assigned trainings will be monitored and program administrators will follow up with any staff that fail to complete the assigned trainings.

VISITORS

The Children's Center will actively limit the number of visitors allowed in school buildings depending on the nature of the visit. Every attempt will be made to schedule visits in advance when there are no students in the building. In the event that a visit must be scheduled during hours of student attendance, all efforts will be made to eliminate, or minimize the opportunity for interaction between the visitor and students. Staggered schedules for visitors may also be put in place, if deemed necessary, to reduce the overall number of individuals in a building at any given time. All visits, or work to be performed that must be done in person, and cannot be conducted in a technological or remote fashion will be subject to the following guidelines:

- Single point of entry, visitors may only enter the building through the main entrance door with an appropriate health check point;
- Visitors will be subject to temperature checks and health screenings;
- All visitors will be required to wear a mask through the duration of their stay. If they do not have a mask, one will be provided;
- Visitors will be asked to provide basic contact information to assist with contract tracing efforts, if necessary;
- Social distancing protocols will be enforced.

When visitors or vendors are in the buildings, they will be reminded of these provisions verbally during screening, through signage throughout the building, and receive further guidance by building staff if and when necessary.

In the event of a change in the school status, vendors may be notified by school staff or via the Phone/PA system which can be heard throughout the building.

VISUAL REMINDERS FOR CDC AND DOH GUIDANCE

Visual reminders of CDC and DOH guidelines will be posted at building entrances and health check points for reference for students, staff, and visitors entering the school buildings during the screening process upon entry. Signs will also be posted throughout the building to reiterate social distancing, proper mask application and removal, hygiene protocols, and the importance of self-monitoring for any signs or symptoms of COVID-19.

COMMUNICATION CONSIDERATIONS

As described above, various methods of correspondence have been identified to maintain communication and rapport with families of the students we serve. Emails, phone calls, teleconferencing, and social media platforms all extend opportunities for two-way communication and feedback submissions. Regular contact with the education team is imperative for student engagement and success.

All forms of communication will contain the most updated information if and when schedules, guidelines, or safety measures are updated.

Resources and measures will be implemented to obtain technology access to all families based on collaboration with the child's school district. However, it should be noted in the event the family declines technology usage, a lack of resources occurs, or internet is not available in the area, low tech solutions will be deployed.

COVID-19 COORDINATOR

The Children's Center designated COVID-19 Safety Coordinator is Ingrid Trouvé, Principal/Director of Educational Services. Ingrid has led the Agency's COVID response, including working closely with the Department of Health and Agency Nursing Supervisor, since the start of the pandemic in March 2020. Ingrid can be contacted via email at itrouve@ucp-suffolk.org.

All key stakeholders mentioned above are encouraged to contact Ingrid Trouvé or any administrative designee should questions, comments, concerns arise. It is recognized that each key stakeholder group may have a closer relationship to the staff and/or administrator for the program that the student participates in; as such, these stakeholders should feel comfortable reaching out to those resources for assistance. Education program administrators and staff can help facilitate the lines of communication to garner further clarification or resolution if needed.

HEALTH AND SAFETY

The Children’s Center at UCP is committed to ensuring the health and safety of all students and staff enrolled in our education programs, and recognizes and accepts its responsibility as an employer and provider of services. The Children’s Center will implement procedures, based on current best practice guidelines, to create a safe and healthy workplace and learning environment for all staff and student as possible.

The Children’s Center has implemented the following health and safety protocols, in accordance with guidance from the New York State DOH, NYSED and CDC. The highest standard in health and safety management will be implemented and considered an integral part of how our school operates. These practices will be implemented, across all work activities and across the wide range of educational activities delivered, at The Children’s Center.

PROGRAM OVERVIEW

The Children’s Center at UCP

Site Location	Number of Classrooms	Possible Number of Students*
9 Smith’s Lane Commack, NY 11725	10	88 SPED** 54 School Age* 24 Preschool* 10 Early Intervention*

* Assumes full enrollment and all students in program receiving in-person programming at the same time.

** SPED – Students with Special Needs

COMMUNICATION PLANS

Parents/Guardians play a vital role in the health and safety of students. Pre-screening students at home, before their arrival to school can decrease the spread of COVID-19. Printed information packets will be provided to families with instructions detailing the steps to be taken to screen student health each morning before school. This guidance will be developed in accordance with the most current CDC, NYS DOH and NYSED guidelines.

Families will be instructed to:

- Check the temperature of their child before placing them on the bus for transport to school;
- Look for and monitor their child for any signs or symptoms of COVID-19 as described in further detail in the sections below.

Periodically, families will also be required to answer the following regarding the child/student:

1. Has the student 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 had symptoms of COVID-19;
2. Has the student been tested for COVID-19, and/or has tested positive through a diagnostic test for COVID-19 in the past 14 days;
3. Has the student experienced any symptoms of COVID-19, including a temperature of greater than 100.0°F in the past 14 days: and/or
4. Has the student travelled internationally or from a state with widespread community transmission of COVID-19 per the [New York State Travel Advisory](#)

This information will be collected using a variety of methods and will be adjusted accordingly based on family feedback and/or efficacy.

Collection methods may include:

- Paper checklists sent home with students in a communication folder in their backpacks that are to be returned to the school;

Reminders to complete the screening documentation will be sent in the following ways, Google Classroom, Remind App, printed daily notes, emails, text messages, or phone calls.

As responses are received, the information will be submitted to the designated team for further evaluation. In the event it is deemed unsafe for the student to stay in school, based on the responses provided to the survey questions, parents/guardians will be promptly notified, and additional protocols as detailed in the following sections will be followed.

It is possible that not all parents/guardians will have the capability to return such information in a timely manner despite best efforts/reminders put in place. All parents/guardians and students will be treated fairly and respectfully in such situations.

INSTRUCTING STAFF ON SIGNS AND SYMPTOMS OF COVID-19

All education division staff will receive training in accordance with the NYS Department of Health, NYSED and CDC guidelines. The following trainings will be offered utilizing a combination of in-person and remote/virtual platforms by the building nurses and/or administration;

- Signs and symptoms of COVID-19 (Fever $\geq 100.0^{\circ}\text{F}$, cough, shortness of breath, difficulty breathing, fatigue, muscle or body aches, headache, loss of taste or smell, sore throat, congestion, nausea, vomiting, diarrhea, flushed cheeks, rapid, or difficulty breathing, frequent use of the bathroom);
- Hand Hygiene (washing hands frequently throughout the day with warm water and soap for at least 20 seconds and using paper towels to thoroughly dry hands). For staff, when hands cannot be washed, an alcohol-based hand sanitizer, with at least 60% alcohol, should be used;
- When to call the RN;
- When to isolate a child until they can be picked up;
- How to complete necessary paperwork - reporting sick staff and children to a building administrator, Nursing/health Office (and COVID-19 Safety Coordinator for tracing and tracking purposes).
- Agency policy for staff illness and COVID-19 return to work policies;
- Universal Precautions.

DAILY HEALTH SCREENINGS FOR STAFF/ VISITORS/ VENDORS

United Cerebral Palsy Association of Greater Suffolk, Inc. and the Children's Center has implemented daily temperature checks and COVID-19 screenings for ALL staff prior to the start of the work day. The screenings will be completed according to CDC guidelines.

Any staff who are ill, running a temperature $\geq 100.0^{\circ}\text{F}$ or fail the COVID-19 screening questions will be assessed by the school RN. If RN is not available, they will be sent home immediately until they meet all required criteria to return. All staff will be required to follow up with their health care provider prior to their return. Staff must be symptom free, and, must have been fever-free for at least 72 hours, without the use of fever reducing medication, prior to their return. If a staff member is tested for COVID-19, as a result of displaying symptoms, they will need a note from their doctor releasing them back to work. If a visitor or vendor has a temperature, or fails the COVID-19 screening, they will not be permitted to proceed beyond the screening area.

- The building will have a designated single point of entry for all staff, visitors and vendors.
- Screenings and temperature checks will occur daily at the point of entry and information will be recorded on the corresponding Agency form as a pass or a fail. Non-contact, thermal scanners will be used, to reduce the opportunity for spread of the virus.
- Screening forms, for visitors and vendors, will ascertain name, address and/or phone number in the event the visitor needs to be contacted for contact tracing purposes.
- Screening questions following NYS DOH and SED required screening questions, including, whether the individual has:
 - 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;
 - tested positive through a diagnostic test for COVID-19 in the past 14 days;
 - Has experienced any symptoms of COVID-19, including a temperature of greater than 100.0°F in the past 14 days: and/or
 - Has 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.

- The completed forms will be stored in an internal Agency folder in the main office. The completed forms will be on site for 3 months.
- Staff conducting the screenings will utilize proper Personal Protective Equipment (PPE), procedures including cleaning the thermometer after screenings.
- If a visitor or vendor has a temperature, symptoms, or fails the COVID-19 screening, they will not be permitted to enter the buildings/pass beyond the screening checkpoint. Visitors will be limited to only those absolutely necessary for the safety and wellbeing of our students.

DAILY HEALTH SCREENINGS FOR STUDENTS

- Any child attending one of our education programs will be screened prior to entering their classroom for signs and symptoms of COVID-19. The screening will be completed according to DOH and NYSED guidelines. Social distancing will be maintained while screenings are completed. Children will be supervised by their parent or direct care staff while waiting for their screening to occur. Non-contact, thermal scanners will be used, to reduce the opportunity for spread of the virus. Any child who has a fever, a temperature of $\geq 100.0^{\circ}\text{F}$ and/or shows symptoms related to COVID-19 will be marked as having failed the health screening. If the RN is present, sick students should be assessed by RN. Every building will have a designated single point of entry for all students.
- Temperature checks will occur daily at the point of entry as students are taken off the bus, or, as parents arrive to drop the students off for school. All information will be recorded on the corresponding Agency form as a pass or a fail. Non-contact, thermal scanners will be used, to reduce the opportunity for spread of the virus.
- The completed forms will be stored in a designated internal Agency folder. The program will maintain a hard copy of the completed forms on site, in a designated binder, for 3 months.
- Staff conducting the screenings will utilize proper Personal Protective Equipment (PPE), including cleaning the thermometer after screenings.
- If a student has a temperature or symptoms:
 - And were transported to school by their parent/guardian, they will be denied entry to the building.

- And was transported to school on a bus, they will be moved to a supervised isolation location, ensuring that they are kept separate from others who are not displaying symptoms.
- In the event of a student not passing the temperature check, the parents will be instructed on all criteria that **MUST** be met prior to their child returning to program. Minimal criteria for returning would be a release from their primary care provider and the student being symptom free for 72 hours without the use of medication.
- If COVID testing is completed, the child's doctor would need to release the child back to school.

STAFF ASSESSING ILL STUDENTS/STAFF

When a nurse is completing an assessment on an ill child or staff, or supervising students under isolation until parents arrive, that nurse will wear all appropriate PPE. This should include:

- A face mask- either surgical or N95
- Gown
- Gloves
- Face shield/ eye protection
- Disposable health office supplies (as possible)

A separate room will be utilized for isolation of sick children, separate from the nurse's office where well children are seen. The isolation room will be cleaned according to CDC guidelines between children.

PROVIDING RESPIRATORY TREATMENTS

All necessary PPE, including masks, face shields and gloves will be utilized when providing nebulizer treatments. In situations where the nurse will have up-close contact, a gown will be worn. The nurse will assure no other students are present when a nebulizer treatment is occurring. The nurse's office and equipment will be cleaned prior to another student entering the room.

PARENTS/ GUARDIANS

Parents will be notified of their responsibility with regards to promoting health and safety in our building and helping to limit the spread of COVID-19. Information sent home to and available for parents will be translated, if needed, to ensure understanding. Parents will be asked to sign and return an agreement to comply with the following expectations:

- Take their child's temperature each day before sending them to school;
- Keep their child home if they have a temperature greater $\geq 100.0^{\circ}\text{F}$;
- Keep their child home if they have any symptoms of COVID-19;
- Keep their child home if anyone in the home has tested positive for COVID-19, has symptoms of COVID-19, and/or has come in contact with someone who has tested positive for COVID-19;
- Pick their child up from school if he/she develops a temperature, or symptoms of COVID-19 while at school;
- Limit items sent to school with their child to essential items only;
- Place any items sent to school in a secured or plastic zip lock bag;
- Only send their child to school on their designated days, if a hybrid model is implemented;
- Having their child's temperature taken when he/she arrives at school.

PROPER SIGNAGE TO INSTRUCT STAFF AND STUDENTS

The Children's Center will hang signage, in prominent and highly visual areas, including, but not limited to, on parent information boards, school entrance doors, cafeterias, bathrooms, administrative offices and janitorial staff areas. These signs will include information on:

- When to stay home if sick
- Effective hand washing
- Proper respiratory hygiene and cough etiquette
- Required social distancing protocols
- Proper mask usage
- CDC signs and symptoms related to COVID-19 illness
- Reporting expectations for any signs and symptoms of COVID-19
- Proper cleaning and disinfecting guidelines

SOCIAL DISTANCING

Keeping space between yourself and others is one of the best tools we have to avoid being exposed to COVID-19 virus, and to slow its spread. Since people can spread the virus before they know they are sick, it is important that they social distance from others whenever possible, even if they have no symptoms. Social distancing will be required by The Children's Center, especially to help protect people who are at higher risk of getting sick. Everyone in our school building will be expected to follow social distancing practices of 6 feet or more. Staff and students will be encouraged to:

- Stay at least 6 feet apart from others whenever possible
- Not gather in groups
- Stay out of crowded places and avoid large gatherings
- Engage in non-contact methods of greetings that avoid handshakes
- Stagger breaks and meal times during the day
- Use designated areas and maintain at least 6 feet of separation for meal times
- Same cohort students will be placed with the same teacher each day
- Stagger the use of restrooms and changing areas
- Students will eat in their classroom while maintaining social distancing.

Within our classrooms, students will be turned to face same direction instead of facing each other to prevent transmission caused by droplets. Teachers will attempt to maintain one-way traffic flow in their rooms to keep to social distancing guidelines

It should be noted that all attempts to maintain social distancing with our students will be made, however, given the core function of our schools is to provide special education services to students with very complex behavioral needs, maintaining proper social distancing may prove to be challenging. As such, staff will be masked at all times when in a space occupied by students, and/or, when in common, public areas of the building. Due to our student's special needs, if a student is medically frail, and unable to maintain 6 feet social distancing, the parent should work with their child's medical provider to determine if in-person instruction is appropriate.

ACCOMMODATIONS FOR HIGH RISK STUDENTS

The Children's Center provides care and education to a population of students with diagnoses and disabilities that require special needs care.

It should be noted that if a student is medically frail, and unable to maintain 6 feet social distancing, the parent should work with their child's medical provider to make a decision whether in-person instruction is appropriate, or whether it is more appropriate for the student to participate in a virtual/remote learning option. We will follow all CDC and Department of Health guidelines on caring for a special needs or immunocompromised student.

PERSONAL PROTECTIVE EQUIPMENT (PPE)

The Children's Center will supply PPE to all employees and to students who do not or cannot supply their own. PPE including, but not limited to, disposable masks, gloves, face shields, gowns, ponchos, hand sanitizer, hand soap and cleaning supplies will be maintained by administration and maintenance in the building. A checklist will be utilized for all PPE including masks, gloves, tissues, hand hygiene supplies and cleaning supplies, to ensure an adequate supply is on hand. The Children's Center will provide PPE as needed to all employees, including custodial staff for cleaning.

REQUIRED USAGE OF MASKS BY STAFF

The Children's Center staff, and visitors who enter a school will be required to wear a face mask at all times while in the classroom, therapy room, and any time he/she is in a space occupied by a student or staff member. Surgical masks will be required and will be provided by The Children's Center. Fabric masks are permitted with daily washing. Staff must wear the mask appropriately, covering the entire mouth and nose. Masks must be changed throughout the day if they tear or become soiled. Staff will be trained on the proper ways to don and doff masks to prevent contamination. Failure to follow the Agency mask policy can lead to disciplinary action.

USAGE OF MASKS BY STUDENTS

The Children's Center will provide masks/face coverings for all students; however, due to their developmental disability, and/or young age, many of our students may not tolerate face coverings. As such, students will not be required, but will be encouraged, to wear masks/face coverings. Prior to wearing a mask independently, a student must demonstrate that they can remove the mask independently and must be able to communicate difficulty breathing or distress.

For the students demonstrating these skills, the clinical and educational teams will work on building tolerance to wearing a mask throughout the school day.

Precautions including, but not limited to, social distancing and limiting sharing of materials will be utilized with students who will not or cannot wear masks.

- Students can wear disposable surgical masks or reusable fabric masks.
- Masks will be provided for those students who wish to wear/will tolerate a mask as well as for students whose education team is beginning to address mask wearing as a goal.
- Students who will not wear masks/cannot tolerate wearing a mask for an extended period of time, will work with their education team to address mask wearing as a goal while at school.
- Students who will wear a mask will be provided regular mask breaks at individualized intervals decided upon by the educational team. During a 'mask break', staff facilitating MUST be wearing a mask, must initiate the break in a socially distant and safe environment and assist the student in removing his/her mask in a safe manner and replacing it once finished.
- If a student has a medical condition or diagnosis that prohibits them from wearing a mask, student will not be mandated to wear one.
- Masks will be replaced if they become torn or soiled.

SUSPECT OR CONFIRMED COVID CASES

- ***Emergency Response*** – Students and staff with symptoms of illness must be sent to the health office. A school nurse is available to assess individuals as chronic conditions such as asthma and allergies or chronic gastrointestinal conditions may present the same symptoms as COVID-19 but are neither contagious nor pose a public health threat. Proper PPE will be required anytime a nurse may be in contact with a potential COVID-19 patient.
- ***Isolation*** – Students suspected of having COVID-19 awaiting transport home by parent/guardian will be isolated in a room separate of others, with a supervising nurse present utilizing appropriate PPE. Multiple students suspected of COVID-19 may also be in this isolation room if they can be separated by at least 6 feet. Parent/guardian will be instructed to use a designated entrance next to the isolation room to pick up their child.

- The parent or guardian will be instructed to call their health care provider or local clinic/urgent care center; Other considerations include:
- Closing off areas used by a sick person and not using these areas until after cleaning and disinfecting has occurred;
- Opening outside doors and windows to increase air circulation in the area.
- Waiting at least 24 hours before cleaning and disinfecting. If 24 hours is not feasible, wait as long as possible.
- Cleaning and disinfect all areas used by the person suspected or confirmed to have COVID-19, such as offices, classrooms, bathrooms and common areas.
- Once the area has been appropriately cleaned and disinfected it can be reopened for use.
- Individuals without close 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.
- **Notification** – the NYS and local health departments will be notified immediately upon being informed of any positive COVID-19 diagnostic test results by an individual in school facilities or on school grounds, including students, faculty, staff and visitors.

CLOSURE CONSIDERATIONS

When a person has been identified (Confirmed) or suspected to be COVID-19 positive; the process at The Children’s Center could include:

- Having a school administrator collaborate and coordinate with local health officials to make school closure cancellation decisions.
- Establish a plan to close schools again for physical attendance of students, if necessary, based on public health guidance and in coordination with the local DOH.
- Develop a plan for continuity of education and establish alternate mechanisms for these to continue.

- Implement as needed short-term closure procedure regardless of community spread if an infected person has been in the school building. If this happens, CDC recommends the following procedures:
 - Closing off areas used by ill person(s) and locking off area(s), signage can also be used to ensure no one enters the area. If possible, wait 24 hours before you clean and disinfect. Do not use the area(s) until cleaning and disinfection has taken place.
 - Open outside doors and windows to increase air circulation in the area.
 - Cleaning staff should clean and disinfect all areas used by all the ill person(s), focusing especially on frequent touched surfaces.
 - Communicating as soon as possible with staff and parents/guardians.
- Using DOH guidance/procedures for when someone tests positive.
 - In consultation with the local DOH, a school official may consider whether school closure is warranted and period of time (prior to re-opening) based on the risk level within the specific community determined by the local DOH.
 - In accordance with guidance for quarantine at home after close contact, the classroom or office where the COVID-19 positive individual was based will typically need to close temporarily as students or staff quarantine.
- Closing of schools could be a regional decision.
 - 7 metrics –NYS Dashboard – Schools will reopen if a region is in Phase IV and the daily infection rate remains below 5% using a 14-day average.
 - Schools will close if the regional infection rate is greater than 9% using a 7-day average after August 1, 2020.
- Thresholds will be determined on a case-by-case basis dependent on the numbers (school closures may be a response).
- Buildings may consider closing if required cleaning products (bleach and water can be used as cleaning product) and PPE not available.

RETURNING TO SCHOOL AFTER A POSITIVE CASE OF COVID-19

Staff and students testing positive for COVID-19 will be directed to work with their county's Health Department. The health department will determine the length of time that person must be under isolation/quarantine. The Children's Center will prevent the person from returning for at least 10 days from when symptoms started if Department of Health is not involved. The parents of students or staff will be required to submit documentation from the Department of Health or their primary care provider, releasing them from isolation/quarantine before they can return to the program/work.

All staff and students must:

- Provide documentation of release of isolation/quarantine from DOH or primary care provider;
- Have been 10 days since first having symptoms;
- Be fever free for at least 72 hours without the use of medication.

If a staff or student is placed under quarantine due to contact with other COVID-19 positive individuals, the same protocol will be followed.

CLEANING AND DISINFECTION

Education staff, administration and custodial crews will be trained on proper cleaning and disinfecting procedures related to COVID-19. A cleaning checklist will be utilized to ensure continuity and compliance in accordance with NYS DOH and NYSED guidelines. Several times throughout the day, staff will provide additional cleaning of high touch points such as:

- Door handles
- Electronic devices
- Tables
- Surfaces in classrooms
- Adaptive equipment will be cleaned between children
- Bathrooms- as needed

Staff will clean an area they use after each use. They will be expected to clean all areas in their personal work space as needed.

SAFETY DRILLS:

NYS Education Department mandates that emergency drills be conducted as per guidelines. Emergency drills must include, at least, 8 evacuation drills and 4 lock down drills. These drills will continue during all scheduled in-person instruction times. Special care will be taken to ensure that children that attend any in-person sessions experience drills and practice for emergency situations; this will be critical as there is a possibility that not all students will be in attendance each day in the event of programming using a hybrid model for instruction. Staff should ensure that safety precautions are taken throughout drills to allow for practice and experience without causing unsafe situations.

- When a drill is initiated, 1 staff per door will be assigned to dismiss each room individually. This will allow for the most students to evacuate at one time without overcrowding at the exit or in the halls.
- Classrooms will line up and exit their rooms following the markers on the floor indicating appropriate distancing between students.
- A log sheet will be created to record emergency drills, which will include a space to identify the group of children present at the time of the drill. It will be the responsibility of program administration to ensure that drills occur at various times so as to include all students.
- Lock down drills may also be modified to maintain safety of all staff and students. If space permits, students can be moved to a safe place in the classroom where social distancing can occur. When space does not permit social distancing, a lockdown drill may eliminate the “hiding/sheltering” and instead be practice for the students to engage in a quiet activity and a review of the lock down procedures with all staff.
- In the case of a real emergency, getting children to safety immediately will take precedent over all other guidelines.

DESIGNATED COVID-19 SAFETY COORDINATOR

The Children’s Center designated COVID-19 Safety Coordinator is Ingrid Trouve, Principal/Director of Educational Services. Ingrid has led the Agency’s COVID response, including working closely with the Department of Health and Agency Nursing Supervisor, since the start of the pandemic in March 2020. Ingrid can be contacted via email at itrouve@ucp-suffolk.org.

FACILITIES

When students and staff return to program, it will be vitally important that the physical spaces occupied are configured and maintained in a way that provides the maximum possible protection from spreading COVID-19.

GENERAL HEALTH AND SAFETY ASSURANCES

The Children's Center will follow all guidance related to health and safety through the procedures outlined in the Health and Safety section of this document. The Agency will adhere to guidance on space usage and will modify the number of students receiving in-person programming at any given time to meet the requirements set forth by the NYSED and DOH.

FIRE CODE COMPLIANCE

Any changes related to space usage, alterations to the physical space and/or facilities will be submitted to the Office of Facilities Planning (OFP), local municipalities and/or codes enforcement officials to ensure review, approval and/or compliance with applicable codes.

VENTILATION

The Children's Center has worked to ensure that the fresh air ventilation rate is increased in the building. In addition, the Agency will encourage staff to open external windows, to increase ventilation, at times when it is safe to do so.

NUTRITION

A successful nutrition program is a key component to a successful educational environment. Each student will bring in their own lunch from home. All items must be sent in already prepared, i.e. chopped, cut and/or pureed along with a labelled water bottle or other beverage. Items can be heated and microwaves will be cleaned after each use.

HYGIENE

All students will wash their hands with soap and water prior to eating and again after they eat. If necessary, staff will assist students with this task.

LOCATION

Students will consume meals in their classrooms.

TRANSPORTATION

The Children's Center is not responsible for the transport of students attending our program. The Agency will work with local Department of Health officials, to ensure proper communication for preschool student transport, and, with the local partner school district representatives to ensure proper communication for student transport.

SOCIAL AND EMOTIONAL WELL BEING

In order to meet the social and emotional needs of both our students and staff at the Children's Center, we will ensure the intentional and meaningful inclusion of strategies which include social emotional learning. We will continue to use established protocols in order to create happy, relaxed, and engaged environments in which learning can occur. Furthermore, professional development will include ways to respond to challenging behavior displayed by our students using a thoughtful, trauma-informed process.

SCHOOL COUNSELING PROGRAM

The Children's Center will review the school counseling program and update it to meet the current needs. Counseling services are provided by licensed clinicians for students as outlined in their Individualized Education Plan (IEP). Additional counseling services are provided based on the needs of the students and families. If a need develops, for counseling services outside of what is prescribed on a student's IEP, education staff will work with the student's school district to modify the IEP.

Licensed clinicians are available to students throughout their school day.

COLLABORATIVE WORKING GROUP

TREATMENT TEAMS

Each student's educational and clinical, team meet regularly to review any concerns and/or unmet needs of students enrolled in our program. Meeting minutes are generated and shared with the leadership groups. Decisions are made regarding modifications in programming, to help better meet student's needs, based on the discussions during the treatment team meetings.

CHILD STUDY PROCESS/ SPECIAL REVIEW

If ongoing concerns exist from treatment team meetings, a child study process or a special review meeting is held. This meeting includes administrative and clinical leadership to ensure the proper resources and interventions are in place to address the issue. School Psychologist and/or School Social Worker may also be included to assist in any needs in the home or further communication with the family.

RESOURCES AND REFERRALS

The Children's Center provides resources including but not limited to: social stories regarding face masks, social distancing, and COVID-19; visual schedules; parent and student friendly presentations about life with COVID-19.

When additional support regarding students and families' social-emotional well-being are needed, the Social Worker and/or School Psychologist can make referrals to local mental and behavioral health agencies. Additionally, they work closely with the student's team to address any unmet needs or services within the home environment.

PROFESSIONAL DEVELOPMENT

The Children's Center has established protocols utilizing a trauma-informed approach to improve our student's well-being by preventing escalation of self-abusive and/or challenging behavior and building trusting relationships with their direct support staff. These approaches improve our student's well-being, prevent escalation of behavior and lay the groundwork for trusting relationships with their direct support staff. In general, the established treatment protocols encourage staff to: show positive regard toward students, invite students to participate in activities, minimize non-essential demands, enrich the environment, provide choices in activities and preferred items, follow the students lead, and thoughtfully respond to challenging behavior. These protocols create a context in which learning is fun, motivating, and most likely to occur.

Furthermore, these protocols work to decrease the day to day stress of our staff and increase their overall well-being. Staff working within the programs will receive training regarding these protocols as well as ongoing support from the clinical teams. The clinical teams work closely with the classroom teams to provide guidance and on-going support to address student's questions regarding COVID-19 and health and safety.

The Children's Center works on teaching social skills to students that will continue to be utilized on an individualized basis on the needs of the students. The program includes a class-wide approach that can be individualized for learners of different abilities.

Student Behavior Intervention Plans and pro-active strategies will be reviewed with staff to ensure the behavioral needs of the student are being met as well as the development of appropriate coping strategies.

The Children's Center recognizes that these unprecedented times bring challenges for our staff as well as our students. Staff who are experiencing concerns with their own social and emotional well-being are encouraged to contact their supervisor, Human resources and/or seek help from an outside provider.

SCHOOL SCHEDULES

Decisions regarding the scheduling of how programming is provided will be informed by information provided by the NYS DOH health and safety standards as well as the most up to date guidance from the New York State Department of Education. Consideration regarding the needs of students, families, and staff, as well as the realities of available space and student enrollment, will be considered when making decisions regarding programming.

In general, The Children's Center will utilize one of three scheduling models: in-person programming, virtual, or remote, programming and/or a hybrid model. It should be noted that The Children's Center will make decisions regarding the type of program model utilized at the program location level as various factors will be considered, which may differ from one program location to another.

IN PERSON SCHEDULING MODEL

In this model, all students will be in program, receiving in-person instruction, at the same time.

Key considerations when implementing this model:

- Screening of both students and staff must occur as outlined in the Health and Safety section of this document;
- PPE must be utilized as outlined in the Health and Safety section of this document;
- Social distancing must be maintained as outlined in the Health and Safety section of this document;
- Student will remain in their class, except for individualized therapy and/or nursing services.
- No visitors/guests in the instructional environment while students are present;
- Hallways will need to have a flow pattern that allows social distancing to be maintained;

VIRTUAL/REMOTE LEARNING/THERAPY AND TELETHERAPY

PROCEDURE

In accordance with New York State Department of Education guidance, New York State Department of Health (NYSDOH), Centers for Disease Control and Prevention (CDC) and Governor's executive orders The Children's Center is to re-open and resume in person Special Education, as well as Related Services (OT, PT, Speech and Vision Therapies) on September 9, 2020. If the following state guidelines are in place.

- On July 13, 2020, Governor Andrew M. Cuomo announced new, data-driven guidance for reopening schools in New York State. Schools in a region can reopen if that region is in Phase IV of reopening and if its daily infection rate remains below 5 percent, or lower, using a 14-day average.
- Schools will close if the regional infection rate rises above 9 percent, using a 7-day average, after August 1. New York State will make the formula determination during the week of August 1 to 7.

In the event of school closure or if a parent has made a request for remote learning due to COVID-19, teachers and clinicians will use; Google Classroom, Zoom, FaceTime, doxy.me and UCP email to provide assignments to their students, consistent with the subject content standards of their respective classes. Teachers are expected to fulfill their responsibilities within the contractual workday (8:30-3:00). These responsibilities include:

Student Instruction

- Maintain an individual student learning log.
- Communicate to students and families about the instructional plan for the week, including learning objectives, activities, and links to resources.
- During a scheduled time, teachers will deliver live lessons, facilitate discussion, and lead other instructional support activities with parent/guardians in relation to the student's individual IEP goals as stated in their plan.
- Live instruction shall take place via zoom, FaceTime, or doxy.me. Information on what took place during the session shall be documented on the individual student learning log.
- Utilize agreed-upon communication plan determined by the school daily. (Monday thru Friday during the contractual workday) to interact with students and families, account for attendance, and respond to messages from students and families in a timely fashion.
- For any student that is not engaging, follow up with the school protocol to engage the Student Support Team.
- Monitor student participation in activities.

- For students who need additional support or enrichment, identify appropriate activities and assignments to the greatest extent possible.
- Participate in all annual reviews (CSE/CPSE) timely for students with disabilities, to the greatest extent possible.
- Assist bilingual families with receiving language support as they learn new content through remote learning.

Collaboration and Coordination

- Staff will maintain ongoing communication with their colleagues who also serve students (paraprofessionals, co-teachers, related service providers, counselors, the team, etc.). This includes weekly team meetings, as needed to discuss individual students and concerns.
- Staff will participate in professional learning opportunities remotely during the contractual work day.
- Staff will participate in continuous school communication, which includes participating in virtual meetings with school administrators (zoom, FaceTime).

Guidance for paraprofessionals

Paraprofessionals are expected to continue to support teachers in the delivery of instruction. Key expectations are as follows:

- Participate in scheduled school-based professional development regarding online learning.
- Support classroom teachers with preparing assignments, content, and activities.
- Assist with collecting materials that will be sent home to students.
- Maintain regular communication with their assigned classroom teacher.
- Communicate and check-in with students as determined by the classroom teacher.
- Under the direction of the teacher, support families and students, to the extent possible, in accessing and participating in remote learning experiences, this includes supporting families in implementing behavior supports and structures, as needed.

Remote Therapeutic Instruction

Communicate to students and families about the therapeutic plan for the week, including outcomes/goals, activities and any links to resources at a frequency of at minimum 1 time per week.

Document all remote learning encounters via parent communication log sheets indicating:

- Service provided (OT, PT, Speech, Vision, Psych, Social work),
- Date and time of contact,
- How contact occurred (email, text, phone call),
- Who the contact was directed towards, and

- Description of what the contact consisted of. Documentation of activities addressed, guidance given to the families, comments, concerns or questions (if any). Providing links that are useful to families.
- Levels of engagement and/or description on how caregivers are engaging during sessions will be documented.

Teletherapy/Telehealth Instruction

- Recommend teletherapy services as appropriate. Parents have been informed about teletherapy as an option and may request services.
- Families that would like teletherapy will need to sign consent.
- Services can only start AFTER consent forms are received.

NYSED Re-Opening of Schools Guidance:

<http://www.nysed.gov/news/2020/state-education-department-issues-guidance-reopen-new-york-state-schools>

NYS Special Education Guidance for re-opening of 853-4410 schools:

www.p12.nysed.gov/specialed/publications/2020-memos/documents/2020-21-school-reopening-plans-853-4201-and-state-operated-schools.pdf

Key considerations when implementing this model:

- Program will work with the child's school district to ensure that all students have access to high speed internet and have the requisite equipment needed to engage in virtual instruction;
- A schedule of live, virtual instruction and/or parental support will be established with a goal of achieving at minimum of one contact per day per student/family, based on student/family preference;
- Instructional activities will be congruent with the goals established through the CPSE/CSE process and found in each student's IEP;
- Any/all instructions for intended activities will be written in the such a manner that each parent will be able to understand what the expected outcome is, how to best engage their child, and what to do in the event that they get stuck or cannot complete the activity
- On-going communication with the parent/guardian to assess progress and what modifications/accommodations need to be made in order to better facilitate student learning;
- Students will participate in tele-health/teletherapy remotely to receive IEP indicated therapeutic services in a manner per family preference;

ATTENDANCE & CHRONIC ABSENTEEISM

Student participation and attendance will be tracked regardless of the education setting. The move to a virtual/remote learning environment, or, a hybrid model requires a multi-faceted approach to successfully monitor attendance and student engagement. In the event of a move to a virtual/remote learning environment, or, a hybrid model, students and their families will be supported with access to virtual instructional content at any time. Attendance, engagement, and communication will be tracked by the main office and reported to School Districts and Counties as applicable to each program. The data collected will also ensure that students are provided with ample opportunity to continue to make progress toward their academic, therapeutic and clinical goals.

ATTENDANCE CONSIDERATIONS & FLEXIBILITY

Virtual/remote attendance and participation options will eliminate the typical constraints of the school day to better accommodate the needs of families. Opportunities for student engagement will be accessible at any time through Google Classroom, other online learning tools, and printed materials mailed to the home where applicable. This allows flexibility for parents and students to complete their work as their schedules allow.

ATTENDANCE TRACKING

The Children's Center will continue to track and monitor attendance records throughout the education division, regardless of programming model. Teachers, or designees will enter classroom attendance records in multiple ways as detailed in the following sections. Therapists will also use this technology to record attendance in IEP mandated therapeutic services.

CLASSROOM ATTENDANCE

The classroom teacher, or other designated classroom staff member, will record present/absent records as applicable to each child enrolled in the program. This module will reflect the physical presence of students in the classroom on the appropriate scheduled days.

DISTANCE LEARNING OUTREACH

In addition to classroom attendance, the teacher or other designated classroom staff member, will track student outreach measures. The communication categories will be adjusted to meet program needs and could include items such as:

- Teleconferencing (Video instruction)
- Phone Call - Successful
- Phone Call - No Answer
- Voicemail
- Google Classroom Post
- Paper Packet Mailed
- Text Message
- Email
- Unable to Contact

The data collected here will be compiled into student logs. This information will be monitored and will help inform discussions amongst the education team regarding student/family engagement, attendance, communication and outreach.

DISTANCE LEARNING DETAILS

Members of the education team may also choose to track student engagement with further specificity. Within the distance learning details teachers, therapists, counselors, and other staff members as designated, can enter details regarding:

- Type of correspondence with the family/student
- Time and duration of interaction
- Narrative details regarding the goals being addressed
- Student progress details

All attendance entries as described above can be provided to School Districts and Counties as requested.

CHRONIC ABSENTEEISM/ EDUCATIONAL NEGLECT

In the event of virtual/remote programming, and/or a hybrid model, the teacher or designated staff member will be responsible for contacting students on a weekly basis via phone call, text message, email or other means of communication.

To support those students with extended periods of absences, or those that have failed to maintain contact with the education entity, the following protocol is to be followed:

IF CONTACT SUCCESSFUL

1. If a student is absent, or fails to engage with educational materials for three consecutive days or longer, the teacher will attempt to contact the parent/guardian to check in.
2. Reasons for the absence will be reported to Administration and the school Nurse to ensure that any necessary documentation or family support takes place.
3. The education team will continue to provide learning opportunities through virtual instruction, packets mailed to the home, or a combination of the two. The team will maintain contact with the student and family to continue to work toward curricular goals.

A known, or excused absence will not be penalized as chronic absenteeism.

UNKNOWN ABSENCE/ FAILED COMMUNICATION ATTEMPTS

1. If a student is absent for three consecutive days or longer, and the teacher or designee has been unsuccessful in reaching the family after five days, additional processes for outreach may be necessary.
2. The teacher will notify both an administrator as well as the school Nurse and Social Worker.
3. The school Nurse and/or Social Worker will attempt to contact the family in the following days using multiple platforms as needed.
4. If the family is still unresponsive, the Social Worker will report this information to the principal, or other designee.
5. The program director and/or social worker, may opt to check in with the family via home visit.

6. If all communication attempts are deemed unsuccessful after a period of two weeks, The Children's Center will contact the applicable School District or CPSE/CSE to discuss next steps/additional efforts that should be attempted.
7. During this time, educational content and curricular goals should still be made readily available through virtual instruction, packets mailed to the home, or a combination of the two.

EDUCATIONAL NEGLECT

A determination will be made on a case by case basis, only after all factors are considered, and all possible resources have been utilized.

TECHNOLOGY AND CONNECTIVITY

The need for technology supports and solutions have never been more apparent. The Education team will put multiple resources in place to support technology usage in the home and classroom. It is imperative to work toward closing the digital divide by collaborating with each student's school district to obtain the necessary technology. Students and families will be supported with direct communications, as well as pre-recorded video resources to ensure student engagement and academic achievement. Resources defined here will be flexible based on parent/guardian and student need.

ACCESS TO TECHNOLOGY

To help close the digital divide, students and staff will be provided multiple layers of technological support as resources allow.

REOPENING REQUIREMENTS: TECHNOLOGY

STUDENT AND FAMILY SUPPORT

As students are enrolled in The Children's Center education programs for the 2020-21 school year, designated staff members will ask parents and/or legal guardians about student access to technological devices and internet connectivity. This survey can be conducted via phone call, text, email or other means of communication. If it is determined that the student is in need of a dedicated device to use for virtual learning the following process is put in place:

1. The designated staff member will collect the student's name, parent or guardian's name, phone number, and address.
2. The contact information will be sent to the main office and Social Worker with an indication of what the family needs. This communication can be sent, via email communication.

3. For families in need of internet connectivity within their residence, a member of the education team will make contact with the family and link them to local services within the area. The Children's Center will work collaboratively with local providers, and/or with the student's home school district to support student needs. It should be noted that not all geographic locations have access to high speed internet.

DECLINED TECHNOLOGY USAGE/ BARRIERS

In the event that parents/guardians decline the use of technological equipment, or if internet connectivity is not provided in the area, the staff member surveying the families will report such to the main office as well as the classroom teacher. In this scenario, teachers, therapists and other education team members would create low-tech or no-tech solutions for delivering course instruction and curricular materials such as mailed packets, until further technological needs can be met as resources allow.

TECHNOLOGY IN THE CLASSROOM

Technology solutions are available in the classrooms and include but are not limited to:

- TAP-it's
- Laptops
- Toughbook's
- iPads

Education staff members guide and facilitate technology usage within each classroom. Having this technology readily available provides opportunities for students to practice and develop technical skills while participating in an in-person program model.

Staff members can also assist students with logging into Google Classroom while physically present, to demonstrate the ways students can use the tool at home.

STUDENT PARTICIPATION AND DEMONSTRATION

Student assignments and activities are posted through Google Classroom as deemed appropriate based on the student's IEP. Some assignments may be submitted for formative teacher evaluation, while other assignments may require alternate means of assessment working with families.

Students and families will also be given the opportunity to participate in live video instruction sessions. Members of the education team may help instruct students and families in completing their educational tasks. The teacher in this instance would observe and document mastery of skills and may also work with parents to identify student progress and goal completion. If parents are not able to participate in the video session due to their schedules, pre-recorded content may be posted, and/or materials sent home to accommodate families. All attempts will be made for students to participate in live video instruction with their classroom teacher and therapists.

EDUCATIONAL SOFTWARE AND WEBSITES

The Children's Center will seek opportunities of this nature and provide the information to families as an optional activity to reiterate skills that fit in with curricular goals. The education team will also utilize education websites which will be posted on Google Classroom for students/families to access.

TEACHERS AND CLINICAL STAFF

Teachers, therapists, counselors, need to provide direct services to students remotely or, otherwise will report to their direct supervisor if they do not have access to a computing device/ and or internet connection. Supervisors and/or the staff member will report technology needs to the main office, or designee. The Children's Center will utilize and arrange available technology resources as necessary to accommodate the staff member.

PROFESSIONAL DEVELOPMENT

Several live video and in person trainings will be held to support staff members as they create content for the distance learning. These trainings will also allow time for specific, real time questions about the tools being utilized.

TECHNOLOGY SUPPORT

Tech support will be provided in the following ways:

- Education staff members will be trained on accessing Google Classroom from the student perspective. These staff are often the first lines of communication the parent may have with the school and therefore may be able to assist with basic troubleshooting skills such as providing username and password information.
- In the event the Teacher or Education Staff member cannot resolve the tech issue with the family, they will submit a request for tech support to the school district that will include the student's name, parent's name, phone number, and a brief description of the issue.
- A designated staff member will reach out the family member in need of tech support and try to resolve the issue remotely using remote assistance and screen sharing if the parent/guardian allows.
- In the event the problem must be resolved in person, social distancing and mask requirements will be followed.
- A video library will also be made readily available to students, staff, and parents/guardians including information and links to help add in successful access and engagement with the learning environment. These resources can be sent through any of the means described in the communication section of this document.

STUDENT PRIVACY

Student privacy is crucial in an online world. Working with The Children's Center and United Cerebral palsy Association of Greater Suffolk. Inc. compliance department, Parents will have to sign with permission slips for the use of email and teletherapy.

FLEXIBILITY

The Education team will provide students and families ample opportunity to access the instructional content either virtually, through printed packets mailed or sent home with students if they are attending on site, or a combination of the two. Student lessons, classroom posts and assignments may be accepted/accessed on a rolling basis to fit family needs. For those parents that may not have availability during the typical school day, teacher and staff can provide pre-recorded instructional videos to be accessed at any time.

For those that may not have available technology in the home due to a poor connection area, or if parents declined technology resources, in classroom technology may work well...

All resources will be exhausted to provide students and families with engaging learning opportunities and accessibility.

TEACHING AND LEARNING

A combination of in-person, remote, and hybrid instructional models will be developed to support student learning, skill attainment, and goal achievement. Local stakeholders will be consulted to determine which approach best meets student learning needs throughout the 2020-2021 school year as part of individualized Continuity of Learning Plans. Students will be provided with instruction through remote opportunities and in-person instruction by a qualified teacher. Virtual Classrooms will be utilized for remote instruction. Students will be provided with daily teacher contact through activities and live instruction which align to the NYS Learning Standards and the student's individual IEP goals. Materials will be sent home for students to support and supplement virtual instruction. Additionally, instruction activities will be differentiated based on student needs and interest. Students will have access to necessary accommodations, modifications, supplementary aids, and technology.

PARENT/GUARDIAN COMMUNICATION

Parent/guardian involvement is of top priority. All parents will be provided with teacher and therapists contact information. Parents will have access to teacher's/therapist's phone numbers, email addresses, and Google Classroom. Teachers will be readily available to communicate about student progress and to answer any questions. The school social worker will also assist families with community supports when necessary.

COHORTS CONSIDERATION

Students will be divided into a classroom cohort to limit potential exposure to the COVID-19 virus. Students will be self-contained in designated classrooms. There will not be intermingling between cohorts. Teachers and paraprofessionals will remain static in classrooms. Lunches will be served in the classrooms.

PROFESSIONAL DEVELOPMENT

Professional Development will be provided to staff on reopening procedures and protocols prior to school resuming. The first day of school will be used as a professional development day for all staff. The procedures outlined in this document will be reviewed with education staff and time will be allotted for teachers and therapists to meet to discuss best practices with delivering instruction in-person and through distance learning modalities.

Staff will review IEPs and individual considerations will be discussed to develop an individualized instructional plan to best meet student needs in the various learning conditions. Support will also be offered to parents on instructional practices and utilizing technology at home for instruction. On-going professional development will occur on functional skill development, language acquisition, and best practices with virtual learning.

CONSIDERATIONS

- Sharing Food/Family style eating will not be permitted
- DOH sanitation guidelines will be followed after children have been on site
- Students will be provided with individual materials
- Practices requiring physical contact will be avoided
- Outside agency providers will be screened at the door and are to follow protocols outlined in this document when servicing students in our facility
- No unnecessary visitors will be permitted

UNITS OF STUDY

Units of Study in a traditional sense does not apply as our school age students take the New York State Alternate Assessment. Over-all instructional focus is derived from the student's IEP and is geared toward facilitating individualized goal attainment.

ART INSTRUCTION

Art will focus on the development of fine motor skills through a variety of areas and activities. Each project is modified so as to allow students to participate given any physical/social/emotion limitation they may have.

PHYSICAL EDUCATION

Physical Education will focus on the development of both gross and fine motor skill development as outlined in each student's IEP. All activities are developed with each individual in mind so that full participation is possible given any physical/social/emotion limitations. Adaptive PE will take place in the classroom and/or outside weather permitting.

GRADING

Parents will be provided with quarterly reports. These reports will provide parents with progress based on established IEP goals. Neither numeric nor letter grades will be used to detail student progress and/or goal attainment.

ASSESSMENT

Formative assessments will be used to monitor student progress. IEP goals will be used as the measure to monitor student growth and progress. Ideally, data will be collected on goals when students are participating in the in-person program model. During remote learning, staff will work with parents to monitor goals and growth.

SPECIAL EDUCATION

The Children's Center operates special education programs; as such, we will work with the local DOH and partner school districts to provide special education services to students enrolled in our programs. As outlined in this plan, it is critical that there be meaningful parental engagement to ensure the understanding of how our programs will be provided to their child. Collaboration and communication between each school district's Committee on Preschool Special Education/Committee on Special Education (CPSE/CSE) and The Children's Center will be critical in the year ahead to ensure the needs of each student are being met.

As described in this document, students that receive programming at The Children's Center will have the proper access to the necessary instructional and technological supports to meet the unique needs of our student population. The Children's Center will operate in partnership with the student's home school districts for technology needs required by families that may be above and beyond what our program is able to provide. The Children's Center will also provide the proper documentation of programs, services and communications utilizing resources currently available and provide such documentation to parents and school districts as appropriate. The Children's Center will utilize in-person, virtual/remote learning to ensure best practice for the implementation of a student's IEP. Whenever necessary, contingency plans will be developed by the CPSE/CSE to address remote learning needs in the event of intermittent or extended issues due to COVID-19.