

**Therapy and Learning Center**  
**Reopening Plan**  
**2020-2021**

**Revised: 08/13/2020**

**Latest revisions are posted in RED**

**SCHOOL RE-OPENING PLAN - revised 08/13/2020**

**Agency Name:** THERAPY AND LEARNING CENTER, INC,

**BEDS Code:** 331500880044

**Administrative Address:** 1723 8<sup>th</sup> Avenue, Brooklyn, NY 11215

**Program Site Address:** 1723 8<sup>th</sup> Avenue, Brooklyn, NY 11215

**Program(s) provided at this site:**

- **4410 (Pre-school Special Education)**
  - **Special Class**
  - **Multi-Disciplinary Evaluations**

**Contact Person:** Karen Arkin, Executive Director

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**Website where this plan and any plan updates will be posted:** [www.tlckids.org](http://www.tlckids.org)

## **INTRODUCTION**

This plan was developed to conform to the guidance provided by the New York State Education Department (NYSED) in their July, 2020, document entitled: Recovering, Rebuilding, and Renewing: The Spirit of New York's Schools – Reopening Guidance. This plan will be revised and updated as needed to adjust to changing public health conditions caused by the COVID-19 virus and all of the new requirements and regulations which may emerge over time. We solicited input and involvement from the families we serve and our staff during the original drafting of our re-opening plan. We will rely on continued input from all stakeholders as we move forward implementing this plan and as we contemplate any additions or modifications.

We know our program must be as flexible and as responsive as possible to the needs of our students, families, staff members. We will closely monitor the conditions of our community as the COVID 19 pandemic continues and the effectiveness and appropriateness of our plan. Be assured that nothing has changed our sincere commitment to our students and our determination to provide the highest possible quality of educational programming and related services even during these difficult times.

The goal of the plan is to guide the delivery of high-quality educational services as safely as possible whether that service delivery is in-person, through a remote learning platform or a blended combination of remote and in-person services. Our focus and concerns extend to the social and emotional needs of our students, families and staff members. By diligently working together and remaining focused on the outcomes we desire, we can find solutions to the many challenges ahead.

Our plan includes all the required elements identified by NYSED and follows the structure of the guidance by addressing the following areas as they apply to our students with disabilities and their families:

1. Communication/Family and Community Engagement
2. Health and Safety
3. Facilities
4. Nutrition
5. Transportation
6. Social Emotional Well-Being
7. School Schedules
8. Budget and Fiscal
9. Attendance and Chronic Absenteeism
10. Technology and Connectivity
11. Teaching and Learning
12. Career and Technical Education
13. Athletics and Extracurricular Activities
14. Special Education
15. Bilingual Education and World Languages
16. Staffing
17. Teacher and Principal Evaluation System
18. Student Teaching

Any suggestions, concerns and/or questions about our plan should be directed to the contact person identified at the beginning of this document

## 1- **Communication/Family and Community Engagement**

Communication among elements of Therapy and Learning Center's (TLC) school community has been and will continue to be a cornerstone of the program. To that end, members of all TLC's constituencies have been involved in the development of this plan, and will guide decision-making as the process of reopening progresses.

This plan has been written by staff at Therapy and Learning Center (TLC) by the Executive Director, the Education Director, the Social Worker, the Psychologist, the Clinical Coordinator, the School Nurse, the Staff Accountant, the HR Director, the Food Service and Transportation liaison, and our Technical consultant. This work was informed through interactions with our families (via survey and questionnaire, as well as discussion), vendors (food service, etc.), staff (via survey, department meetings, and personal communications), and the Board of Directors. In addition, we were in frequent contact with organizations which provided the means for us to interact with NYSED, DOH, NYCDOE, and other entities, including Interagency Council (IAC) and the NYC Coalition for Children with Special Needs. These organizations offered assistance in understanding the requirements of the re-opening process and in representing our concerns and questions to governing entities. We also maintain ongoing engagement with our assigned representatives from the Department of Health, the Department of Education, and the NYSED (RA, Myra Leffel).

TLC's communications with families, staff, and the community occur through several means. This plan and other information are posted on TLC's existing website, [www.TLCKIDS.org](http://www.TLCKIDS.org), which is available to anyone seeking general information about the school. Staff and families receive frequent (generally weekly) announcements and information via a mass phone/e-mail system. The Executive Director uses this system to ensure that all members of our school community receive timely information frequently and concurrently. Our school's e-mail system enables information and discussion via e-mail as well as videoconferencing through a related secure TEAMS platform. Parents are engaged with classroom groups through Class DOJO, a virtual classroom enabling parent discussion with teachers, therapists, school administrators, and each other, and features a translation system which enables equitable participation regardless of home language.

TLC's reopening plan will require a variety of means enabling us to educate our community about new safety protocols related to COVID-19. Signage throughout the school will be posted to remind children, staff, and visitors about correct use

of hand hygiene, proper face covering, social distancing, and respiratory hygiene. As our school community is multilingual and multicultural, care will be taken to include signage which is visually explicit, and which is translated as needed into the languages preferred by our children's families. This will also enable information to be accessible to visitors who are hearing or language impaired. Care will be taken with visually impaired visitors to provide verbal instruction regarding these matters prior to their entry to the school.

There will be ongoing explicit training of staff related to the proper use of PPE, social distancing requirements, respiratory hygiene, and hand hygiene. This will take place prior to re-opening, and at such time that guidance is updated. This effort will be led by the School Nurse and the Education Director, along with the Executive Director.

As our focus is engagement with our students, all of whom are preschool-age developmentally disabled youngsters, significant time will be spent in direct teaching of relevant safety information, including social distancing, proper hand hygiene, use, removal, and disposal of face covering, and respiratory hygiene, to the extent possible. These efforts will be shared with the families so that our collaboration will be as successful as possible.

## **2: HEALTH AND SAFETY**

### **INTRODUCTION**

The Therapy and Learning center will reopen for in-person instruction only when governmental authorities mandate reopening 4410 programs for in-person instruction and when the following are in place:

- A plan and the resources/equipment required for daily staff and student health and temperature screenings;
- A social distancing plan that prohibits physical contact or a distance of less than 6 feet between screener and screened;
- Changes to the building's physical spaces that promote social distancing;
- Installation of signage pertaining to the screening process, social distancing, hand and respiratory hygiene, use of face coverings and all PPE, and COVID-19 symptoms;
- A plan and signage relating to management and isolation of symptomatic persons;
- Designation and preparation of a dedicated room for isolation of symptomatic persons that allows for social distancing between at least two symptomatic individuals and the adult who will be supervising them;
- An action plan for addressing a positive COVID-19 case in the school;
- A comprehensive cleaning and disinfection plan with adequate staff to implement it;

- Completion of staff trainings in the screening process, hand and respiratory hygiene, PPE use, symptom recognition and response (including the plan for management of positive COVID-19 cases)
- A minimum of two, but preferably three, staff members have been trained in contact tracing;
- Confirmation that all plans and guidelines, above and that follow, have been communicated to parents, guardians, and caregivers in the language they best understand.

Reopening for in-person instruction at the Therapy and Learning Center is also contingent on the following:

- School leadership has determined the number of students and staff that may occupy the building based on social distancing requirements;
- Ability of all building occupants to maintain social distancing, i.e. a minimum of 6 feet in all directions between individuals;
- Availability of staff and student PPE, which includes face coverings that cover the mouth and nose, i.e. homemade cloth masks, surgical masks, bandanas, tubular stretch coverings; disposable non-latex gloves in sizes S, M, and L, disposable gowns, and face shields.
- Availability of safe transportation where social distancing (except between members of the same household), wearing of face coverings by all passengers at all times (except those who, *for medical reasons*, cannot tolerate face covering), access to hand hygiene materials, and adequate ventilation are assured, *and* where all passengers have been screened for COVID-19 symptoms prior to boarding;
- Local hospital capacity—hospitals must have available at least 30 percent of their total ICU beds and 30 percent of their total inpatient beds in order for school to reopen and/or remain open. This information is available on the tracking table on the New York State government’s New York Forward COVID-19 Regional Metrics Dashboard. <https://forward.ny.gov/covid-19-regional-metrics-dashboard>

## **COMMUNICATION OF PROTOCOLS**

School will communicate with parents/guardians, staff, and visitors with prearranged appointments through the means outlined in the communication plan. Visits from parents and people whose presence is not required on the school premises will be limited to those for whom email, paper notices, phone, or other electronic communication isn’t feasible, and the need for the visit must be crucial to the health and wellbeing of students and staff and/or the functioning of the school. In the event of such a visit, social distancing, wearing of face coverings, hand hygiene and respiratory etiquette will be firmly and politely enforced, and the visit will be limited to one area of the school. Signage will reinforce these principles as well.

Parents and staff will receive regular reminders supported by signage placed in public areas to practice the following:

- Stay home if they feel sick
- Cover their nose and mouth with an acceptable face covering when unable to maintain social distance from others
- Properly store and, when necessary, launder or 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

### **DEALING WITH SYMPTOMS**

Prior to reopening the Therapy and Learning Center, the school nurse will provide an in-service for all staff that covers signs and symptoms of COVID-19. After this instruction, staff will understand the need for vigilant observation and recognition of symptoms in students, other staff, and themselves. Staff who suspect symptoms in a student must alert the school nurse immediately. Staff who suspect symptoms in themselves or their colleagues will alert the school nurse. Students whom the nurse suspects may have symptoms of COVID-19 or other communicable illness will rest and be monitored in the dedicated isolation room on the second floor under adult staff supervision while waiting to be picked up. Symptomatic staff will be sent home unless they require pick-up, in which case they will wait and be monitored in the isolation room and be outfitted with appropriate PPE. The isolation room will be thoroughly cleaned and disinfected after use, according to CDC guidelines and disinfectants from EPA List N. Many of the children at the Therapy and Learning Center lack the ability to verbally express how they feel. Some may also have an atypical response to pain. In addition to understanding what symptoms a child or staff member may verbalize, staff will be instructed to look for visible or palpable signs of illness. The Therapy and Learning Center community will be cognizant of the following symptoms of COVID-19:

- Skin hot to the touch (fever 100°F or higher)
- Gasping, rapid breathing, shortness of breath, difficulty breathing, respiratory distress—NOT attributable to physical activity (The understanding that respiratory distress is always a medical emergency will be emphasized)
- Flushed red or pink face
- Appearance of chills—shivering, teeth chattering
- Lethargy/fatigue
- Body aches, visible discomfort
- New loss of taste or smell
- Headache
- Frequent, persistent cough

- Runny nose, upper respiratory congestion
- Pallor
- Nausea/Vomiting
- Diarrhea
- Prolonged, atypical irritability or depressed mood

Staff will also be instructed in recognizing symptoms of Multi-system Inflammatory Syndrome in Children (MIS-C). Though rare, MIS-C, a post-infective syndrome, is a serious complication of COVID-19 in children; in a majority of MIS-C cases, children presented with SARS-CoV-2 antibodies, but hadn't previously exhibited symptoms of COVID-19. (The presence of antibodies indicates past infection or exposure to the pathogen.)

Symptoms of MIS-C include:

- Fever (usually over 102°F)
- Abdominal pain
- Vomiting
- Diarrhea
- Neck pain
- Rash
- Red, bloodshot eyes, appearance of severe conjunctivitis
- Lethargy/uncharacteristic or extreme fatigue

Symptoms that should be treated as a medical emergency include:

- Trouble breathing
- Pain or pressure in the chest that does not go away
- New confusion
- Inability to wake or stay awake
- Bluish lips or face

## **SCREENING**

Everyone coming into the building—staff, students, visitors—undergoes temperature screening upon entry. Temperature measurements are not spoken aloud or documented; confidentiality is maintained. Staff monitoring student temperature screening logs whether the student is cleared to attend or not, using a computerized form made up of six columns: date, name, time, fever (not cleared), no fever (cleared if asymptomatic), name of screener. Individuals with a temperature reading of 100°F or higher will be sent home, or in the case of a student whose parent is not present, will wait under supervision in the isolation room on the 2nd floor. In the likely event a line of people awaiting screening forms, maintenance of a distance of 6 feet between individuals is required. Staff and visitors complete a screening questionnaire online or in-person prior to entry. Screening questions are as follows:



1) Have you/ your child had a positive test for SARS-CoV-2/COVID-19 in the past 14 days?

2) Have you/ your child had close or proximate contact in the past 14 days with anyone who has been confirmed/had a positive test for SARS-CoV-2/COVID-19 or who has a suspected case (has or has had symptoms of COVID-19) during the past 14 days?

3) Have you/has your child experienced any of the following new and unexplained COVID-19 symptoms during the past 14 days? (Examples of symptoms that can be explained include cough, sore throat, or headache due to seasonal allergies; muscle aches strenuous exercise, etc.)

- Fever 100°F or higher
- Cough
- Shortness of breath or difficulty breathing - Fatigue
- Muscle/body ache
- Headache
- Sore throat
- New loss of taste or sense of smell
- Congestion
- Runny nose
- Nausea/vomiting
- Diarrhea

4) Have you/has your child traveled internationally or from a state with widespread community transmission of COVID-19 per the NY State Travel Advisory in the past 14 days?

Link to New York State Travel Advisory:

<https://coronavirus.health.ny.gov/covid-19-travel-advisory>

By checking "I agree" you attest that the information provided on this form is true and correct to the best of your knowledge.

### **MANAGEMENT OF SYMPTOMS AND ILLNESS IN STUDENTS AND STAFF**

It has always been and will continue to be the policy of the Therapy and Learning Center that children and staff who appear ill or say they feel ill are always first assessed by the school nurse. In the event the nurse is out on a given day, a substitute nurse from an agency is placed during that time.

Students and staff who appear ill/exhibit COVID-19 symptoms will be sent home, requiring assessment and written clearance from their healthcare provider. Those who must wait for pick-up will do so under adult staff supervision in the isolation room on the second floor.

As previously described, staff and parents complete an online COVID-19 screening questionnaire every day prior to coming in/sending their child in. In the online form, an answer of "yes" to any of the four questions (see SCREENING) generates a message saying the staff or child is not cleared to come to school. Anyone not cleared after completing the questionnaire who arrives that morning

will be sent home or to the isolation room. Parents and staff who do not complete the online COVID-19 screening questionnaire must complete one on paper prior to entry. An answer of yes to any of the four questions will require the staff or child to be sent home. Failure to complete the survey will result in the child being screened prior to entering the classroom, and a communication with the family prior to the child interacting with classmates.

All students and staff are screened for fever and assessed for signs of illness upon entry. If their temperature is 100°F or higher, they are sent home. If they are afebrile but exhibit other symptoms (i.e. coughing, rhinorrhea, and frequent sneezing not caused by allergies, vomiting, conjunctivitis, unexplained rash) they will be sent home or sent to wait for pick up in the isolation room under adult supervision.

Staff and students exhibiting other symptoms such as pallor, flushing/marked facial erythema, noticeable lethargy or weakness will be assessed further by the school nurse who will determine whether they are sent home.

Those who must wait for pick-up will do so in the dedicated isolation room on the second floor. An adult staff member utilizing appropriate PPE supervises children in the isolation room. The number of students in the isolation room at one time will depend on the social distancing 6-foot requirement. If more students than the isolation room can accommodate are symptomatic, a satellite area with adequate ventilation that allows for isolation will be used.

### **NON-ESSENTIAL VISITORS**

Visits from parents, people outside the school community, contractors and vendors will be limited to those who are essential to the functioning of the school, vital to protecting the health of the staff and students (i.e. a professional cleaning/disinfection service, a PPE delivery). All who are granted entry must first complete the questionnaire and have their temperature taken. Symptomatic persons, febrile persons, and people who refuse screening will be denied entry. Signage at the entrances in English, Spanish, Arabic, and any other language spoken in the school community will inform visitors of this policy. Deliveries will occur at one designated entry (Entry/Exit B). Deliveries will be contactless and executed following social distancing protocol.

### **SYMPTOM RECOGNITION INSTRUCTION**

Prior to reopening, and periodically afterward, all parents, guardians and/or caregivers of TLC students will be instructed in their primary language to watch for symptoms of illness in their child that will require keeping them home and/or notifying their pediatrician.

Parents will be instructed to look for the following symptoms of COVID-19:

- Skin hot to the touch (fever 100°F or higher)

- Gasping, rapid breathing, shortness of breath, difficulty breathing, respiratory distress—NOT attributable to physical activity (The understanding that respiratory distress is always a medical emergency will be emphasized)
- Flushed red or pink face
- Appearance of chills—shivering, teeth chattering
- Lethargy/fatigue
- Body aches, is visibly uncomfortable
- New loss of taste or smell
- Headache
- Frequent, persistent cough
- Runny nose, upper respiratory congestion
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- Prolonged, atypical irritability or depressed mood

Parents will also be instructed in recognizing symptoms of Multi-system Inflammatory Syndrome in Children (MIS-C). Though rare, MIS-C, a post-infective syndrome, is a serious complication of COVID-19 in children; in a majority of MIS-C cases, children presented with SARS-CoV-2 antibodies, but hadn't previously exhibited symptoms of COVID-19. (The presence of antibodies indicates past infection or exposure to the pathogen.)

Symptoms of MIS-C include:

- Fever (usually over 102°F)
- Abdominal pain
- Vomiting
- Diarrhea
- Neck pain
- Rash
- Red, bloodshot eyes
- Feeling extra tired

MIS-C symptoms that should be treated as a medical emergency include:

- Trouble breathing
- Pain or pressure in the chest that does not go away
- New confusion
- Inability to wake or stay awake
- Bluish lips or face

## **HAND AND RESPIRATORY HYGIENE**

### **Hand Hygiene:**

- Signage will be posted instructing all who enter the building—staff, children, visitors—that hand-washing or hand sanitizing are required immediately upon entry.

- Stand-alone dispensers containing hand sanitizer with 60-70 % isopropyl or ethyl alcohol will be strategically placed at building entrances/exits (alcohol content of >80% is less effective due to faster evaporation/drying time)
- Signage will encourage correct and frequent hand hygiene; signage will direct building occupants and people entering to the location of sinks/hand washing stations, wall-mounted and other hand sanitizer dispensers
- All sinks, whether for adults or children, will be consistently stocked with an adequate supply of liquid/foam hand soap and paper towels, with need for restocking monitored throughout the day
- Each room will be equipped with a means of performing hand hygiene. Rooms without sinks will be stocked with hand sanitizer (60-70% alcohol content) out of reach of children. The reception area, hallways, and public areas will be equipped with hand sanitizer dispensers
- Rooms used by children will be stocked with children's antibacterial wipes for adults to use on children's hands in situations that require immediate action where no sink is available
- Laminated infographics promoting and illustrating proper hand hygiene will be posted at all hand-washing and hand-sanitizing stations. Illustrated posters appropriate for young children will be posted above children's sinks, and in classrooms and hallways (Posters will be sourced from the CDC website: <https://www.cdc.gov/coronavirus/2019-ncov/communication/print-resources.html?Sort=Date%3A%3Adesc>)
- Staff and children will be trained in how to perform correct hand hygiene using soap and water (preferred mode), washing for at least 20 seconds, and will perform return demonstrations of each with a trainer observing. Staff will also be trained in effective hand hygiene using hand sanitizer.
- Staff will review when it's most important to perform hand hygiene and share this with children as appropriate: upon arrival to school, before food preparation, eating and drinking; after touching a contaminated surface or object; after blowing your nose; after coughing or sneezing into your hands; after using the bathroom; after changing a diaper or assisting a child with toileting; before and after handling your cloth face covering; after caring for someone sick; after touching animals or pets; before touching your face; after touching garbage; before and after treating a cut or wound.
- Documentation of staff hand-hygiene training will be in the form of a skills checklist completed by the trainer or trainer designees.
- Hand hygiene stations, be they sinks or hand sanitizer dispensers, will be kept clean and disinfected on an ongoing basis throughout the day. To facilitate this, a quick-acting spray disinfectant or wipe from EPA List N that is safest for the entire TLC community will be kept near sinks (out of reach of children) for staff to safely use when finished at the hand-washing station and for spot disinfection as needed. Relevant disinfecting instructions will be covered in training, and signage will be posted as well.

- Hand hygiene signage will be in English, Spanish, Arabic, and any other language spoken in the school community.

### **Respiratory Hygiene**

- Staff and students will be instructed and reminded to cover their coughs and sneezes with a tissue and discard the tissue in the nearest closed container
- Staff and students will be instructed to cough or sneeze into the crook of their elbow when no tissue is handy
- Staff and students will be instructed to wash or sanitize hands after coughing or sneezing or after handling objects that may be contaminated with respiratory secretions
- Laminated posters (in multiple languages as available) printed from the CDC website illustrating and encouraging respiratory hygiene will be posted near the entrances and on each floor

[https://www.cdc.gov/coronavirus/2019-ncov/downloads/cover-your-cough\\_poster.pdf](https://www.cdc.gov/coronavirus/2019-ncov/downloads/cover-your-cough_poster.pdf)

<https://www.cdc.gov/coronavirus/2019-ncov/prevent-getting-sick/prevention-H.pdf>

<https://www.cdc.gov/coronavirus/2019-ncov/downloads/stop-the-spread-of-germs.pdf>

<https://www.cdc.gov/coronavirus/2019-ncov/downloads/community/COVID19-stop-germs-summer-camp-poster.pdf>

### **SOCIAL DISTANCING**

- Signage communicating the social distancing requirement will be posted at outside entrances, in reception, hallways and public areas. Signage will target both adults and children, and will use languages represented in the school as available.
- Adhesive floor markers placed 6 feet apart in hallways, reception, stairways and public areas serve as visual reminders and physical representation of where to stand when standing in line and moving throughout the building.
- Reduced Ratios of children per classroom will provide opportunity for maintaining at minimum a 6-ft distance on all sides between classroom occupants in situations where children are sitting at tables (one child per table), in marked spots on the floor, and individually at learning centers. Due to the developmental capabilities of students in the Therapy and Learning Center, maintaining these safe distances between children and between staff and children will pose inordinate challenges, and maintenance of such will frequently fail.
- Children's use of communal tables and eating meals family style will be eliminated entirely.

- If staff are seated at a communal table, a distance of 6 feet between people will be required.
- Staff are already interacting with consistent social distancing; reminders and infographics placed throughout the building will serve to reinforce this.
- Therapy and Learning Center leadership will implement a schedule using static groups/cohorts where only one cohort group is present in the building at a time. If feasible, teachers will be matched with cohorts as well, so that they're in the building solely at the time their assigned cohort is present. Restricting the number and variety of people crossing paths with one another reduces to some degree the chance for exposure to COVID-19. Cohorts/static group usage also slightly reduces the already complex challenges contact tracing poses.
- Altering or eliminating group activities within the classroom and throughout the school limits close contact between all present in the school building. Activities where children spread out and are able to stay spread out will also limit close contact. Some examples of preschool activities that encourage social distancing can be found here: <https://www.himama.com/daycare-activities/social-distancing>
- Use of the rooftop play area will be limited to small static groups and the schedule should allow for spot disinfection of equipment between groups.
- If possible, the school will affect a policy of limiting the number of people occupying hallways at one time and making stairways one-way.
- Limit on-site interactions between staff and parents/guardians/caregivers by assigning separate entrances/exits to staff and parents during drop-off and pickup times.
- Non-essential visitors will be prohibited from entering the facility to the extent possible.
- If practicable and safe, have staff receive the child from the parent/ guardian/caregiver at the start of the day, and have staff bring the child out to the parent/guardian/caregiver at the end of the day, so as to limit the number of parents/guardians/caregivers entering the building at those times
- Limit use of shared objects to one cohort
- Keep individual children's belongings separated
- Adult/staff restrooms are already single occupancy. Children's restrooms, currently designed for use by two children at a time, will be used by one child at a time unless there is an emergency need.
- Offices that are too small to accommodate social distancing among multiple people will be occupied by an acceptable number at a time, and thoroughly disinfected if used by more than one person.
- Staff will escort children being dropped off or picked up by parents outside for handoff.

### **PROVISION OF ACCOMMODATIONS FOR HIGH RISK PERSONS**

School leadership has communicated to the school community the need to consider their level of risk in returning to in-person school, in particular if:

- They are 65 years or older
- They live with people 65 years or older or with people with underlying health conditions (bulleted below) putting them at higher risk of serious COVID-19

- They have one or more of the following underlying medical conditions:
  - chronic lung disease (COPD), moderate to severe asthma
  - cancer
  - serious heart conditions
  - compromised immune system
  - severe obesity (body mass index [BMI] of 30 or higher)
  - diabetes
  - chronic kidney disease, undergoing dialysis
  - Liver disease
  - sickle cell anemia

Members of the school community must also consider the increased risk of infection posed by congregating with preschoolers with disabilities. Per the CDC, children with neurologic, genetic, metabolic conditions or congenital heart disease are at higher risk for severe illness from COVID-19 than other children. In addition, people with disabilities may have increased risk of becoming infected or of infecting others, in particular: “people who have limited mobility or who cannot avoid coming into close contact with others who may be infected, such as direct support providers and family members; people who have trouble understanding information or practicing preventive measures, such as hand washing and social distancing; and people who may not be able to communicate symptoms of illness.” <https://www.cdc.gov/coronavirus/2019-ncov/need-extra-precautions/people-with-disabilities.html>

School leadership will accept requests for accommodations for review and will consider each request for accommodations individually.

### **FACE COVERINGS**

The Therapy and Learning Center requires all students and staff who are medically able to wear cloth face coverings or surgical masks at all times other than when eating or taking a “mask break.” Masks will be provided by the school at no costs to staff and students. Staff/students who wish to supply their own cloth or surgical mask, as long as it covers both nose and mouth, will be permitted to do so.

Visitors to the facility are also required to wear face covering at all times while in the building. In the unlikely event a visitor refuses to comply, entrance will be denied.

Signage will be posted illustrating how to properly put on, wear, remove and discard face coverings. Included in this information will be the necessity of performing hand hygiene before donning and after doffing, the importance of routine cleaning of reusable face coverings, and that sharing of face coverings is unsafe and prohibited. Staff, students who tolerate masks, and visitors to the facility who demonstrate improper use of a face covering will be politely but firmly instructed in correct use.

In the event of PPE or mask shortages, such as were seen earlier during the pandemic, and the school is unable to obtain adequate supply of face coverings for all students and staff, temporary closure of the facility may be required. Accommodations or directives such as working remotely should be given to employees who have healthcare provider documentation confirming they are not able to tolerate face covering for medical reasons.

For many Therapy and Learning Center students, face coverings present obstacles, challenges, and distractions that could have a negative impact on their ability to learn or participate in school. It is understood these students and those who are unable to remove the face covering on their own will not be pressured or forced into wearing a face covering, and will not be punished or in any way singled out for not doing so. Masks will never be placed on anyone who is agitated, unconscious, or experiencing respiratory distress.

Students and staff may use alternate face coverings that are transparent at or around the mouth for instruction or activities that require seeing the movement of the lips and/or mouth, as in speech therapy. The school currently has 24 of these reusable masks on order. Speech language pathologists working in-person with students will be given priority, and will be required to disinfect and store the mask in a sealed bag. If the masks appear effective for both therapy and prevention of viral spread, school leadership will determine if and when more will be ordered.

### **MASK BREAKS**

It is unlikely most students at the Therapy and Learning Center—children aged 2 years, 9 months–5 years who have broad ranging developmental delays, behavioral challenges, physical disabilities and neurological conditions such as ASD and ADHD—will tolerate wearing face coverings for extended periods of time, if at all. For those students who are able to wear a face covering without repeatedly removing or touching the masks or their faces, breaks will be given as needed, and at a time when social distancing is assured.

### **PERSONAL PROTECTIVE EQUIPMENT**

The Therapy and Learning center will maintain a stock of the PPE to the best extent possible, barring unavailability due to PPE shortages. The school is currently stocked with and will be responsible for supplying all the following PPE for students and staff, again, as long as these items are available:

- Vinyl exam gloves in sizes S, M, L
- Adult disposable ear loop face masks
- Disposable isolation gowns
- Children's disposable ear loop face masks
- Clear plastic face shields

TLC has already ordered a minimum of three-month PPE supplies. TLC will maintain a 2-month PPE inventory on hand. TLC's School Nurse and Administrator Assistant will check supplies on hand daily and ensure that the



supplies are re-ordered in a timely manner. Pre-Printed Purchase Orders with vendor information will be provided in an effort to streamline the re-ordering process.

A supply of adult and student masks will be kept at entry checkpoints and distributed to those who arrive without a face covering.

### **CONFIRMED COVID-19 CASES**

If COVID-19 is confirmed in a child or staff member, the school will implement the following protocols:

If the confirmed case is a student, they and their belongings are brought to the isolation room and their parent/guardian/caregiver/emergency contact is notified the child must be picked up immediately.

The school nurse or administrator will notify local and state departments of health that a confirmed COVID-19 case has been found in the school, and will consult with health department officials as to whether the entire school should be closed, or whether just the areas known to have been used/occupied by the infected individual will be isolated.

School administrators will assign staff to assist with tracing all contacts of the infected individual. Confidentiality during contact tracing will be maintained.

In the isolation room, the child will be kept at a 6-foot distance from the supervising adult or other occupant, if there is one, while waiting for parent/guardian/caregiver/emergency contact pickup.

The adult supervising the isolation room for a confirmed or suspected COVID-19 case will be outfitted as for standard AND transmission-based precautions using an isolation gown, a fit-tested N95 respirator, a face shield and disposable gloves.

Staff will escort the infected child to the parent waiting outside.

Staff members confirmed to have COVID-19 will be sent home immediately, or to the isolation room if waiting for transportation.

When the individual(s) with confirmed COVID-19 cases have been moved to the isolation room or have left the facility, the following interventions will be implemented:

Close off areas used by a sick person and not using these areas until after cleaning and disinfection has occurred.

Open outside doors and windows to increase air circulation in the areas.

Clean and disinfect all areas used by the person suspected or confirmed to have COVID-19, including classrooms, offices, bathrooms, and common areas (hallways, stairways). If possible, staff should wait as long as possible before cleaning and disinfecting is done, so as to allow respiratory droplets to settle.

When the contaminated area has been properly cleaned and disinfected, and all surfaces are dry to the touch, it may be reopened.

Staff and students who had no close or proximate contact with the staff/child suspected or confirmed to be positive for COVID-19 may return to the clean, disinfected areas and resume school activities.

If more than 7 days have passed since the person who is sick was present at the facility, additional cleaning and disinfection is not necessary; however, cleaning and disinfection should continue as usual.

Leadership will collaborate with the school nurse to determine if and when additional staff is needed to help with non-nursing-specific tasks like student supervision, calls/emails/texts to parents/guardians, and assistance with completing paperwork other than nursing visit notes and documentation

### **RETURN TO SCHOOL POST-INFECTION**

Students and staff who test positive for COVID-19 may return to work after completing at least 10 days of isolation from the onset of symptoms or 10 days of isolation after the first positive test *if they remain asymptomatic*.

Students and staff who have had close or proximate contact with a person with COVID-19 for a prolonged period of time AND is experiencing COVID-19 related symptoms, may return to school after completion of at least 10 days of isolation, starting from the onset of symptoms.

*Note: close contact is being within 6 feet of an infected person for at least 10 minutes during the time period from 48 hours before illness onset until the time the person was isolated. The NYC DOH will be notified if the extent of the contact cannot be determined.*

Students and staff who have had close or proximate contact with a person with COVID-19 for a prolonged period of time AND is not experiencing COVID-19 related symptoms, may return to work after completing 14 days of self-quarantine.

Students and staff who are symptomatic upon arrival to school, or become ill with COVID-19 symptoms while at school, will be isolated and sent home immediately (as described above). They may return to school after 10 days of isolation beginning from the onset of symptoms, or when they have been notified of a negative COVID-19 test result, (and are no longer coughing, sneezing, experiencing rhinorrhea, and have been afebrile for a minimum of 24 hours without having taken an antipyretic.)

### **CLEANING AND DISINFECTION**

School facilities will be deep cleaned on a nightly basis with an electrostatic disinfectant sprayer using Vital Oxide (on order) or other disinfectant on EPA List N.

Custodial staff have the primary responsibility to ensure the facility is properly cleaned and disinfected both throughout the day and after school ends. The facility will be cleaned and disinfected regularly; in addition, increased cleaning and disinfection of areas, surfaces and objects used/touched frequently by many

people throughout the school day (doorknobs, light switches, hand rails, etc.) will be implemented.

Restrooms in particular will be cleaned and disinfected regularly and with a frequency commensurate with use. Therapy areas in use for a succession of children should be wiped clean between sessions.

All staff should also take some responsibility for spot cleaning and disinfecting of high touch areas, desks, tables, chairs, and frequently shared objects, surfaces and supplies as is feasible. Leadership shall provide fast-acting disinfecting disposable wipes and sprays from EPA List N for this purpose. Staff using shared computers must use disinfectant wipes on keyboards, screen frames and mice before and after using.

Waste/trash receptacles are touch free with a movable cover.

Disinfecting activities that risk the health and safety of staff and students due to fumes will be restricted.

### **SAFETY DRILLS**

Safety drills will be conducted periodically as required by the Department of Health and Fire Department. Children will remain in cohort groups during these drills, and will maintain space between cohorts during evacuation and re-entry to the building. Shelter-in and Lockdown drills will be conducted to include all children, taking into consideration staggered scheduling of children and staff.

### **DESIGNATION OF A COVID-19 SAFETY COORDINATOR/ADMINISTRATOR**

The Therapy and Learning Center leadership will designate a COVID-19 safety coordinator/administrator (the Executive Director) and a COVID-19 safety team which includes the Education Director, the Nurse, and the HR Administrator, familiar with the school's reopening plan, whose responsibilities include overseeing compliance with the school's reopening plan as well as the incremental reopening operations requisite to ensure preparations for a return to what may be defined as "normal functioning." If the designee(s) assigned the above responsibilities have other primary job functions, specifically those which they agreed to fulfill upon hire, they must be reasonably able to take on these additional obligations without detriment to the performance of their primary role, without putting students and staff at risk, without causing undue disruption to the functioning of the school, and without the expectation they will accrue extensive unpaid work hours. If no staff member can fulfill all of the above, hiring a full-time COVID-19 safety coordinator will be considered.

### **3. FACILITIES**

Upon reopening our physical site to students and staff for in-person instruction, our primary concern will be safety and health of our community. To that end, we will use

our existing facility in ways which will enable social distancing while still conforming to existing regulations such as fire codes and Department of Health regulations.

1. As our space has always been maintained and designed to serve the needs of our preschool special education students, we foresee few if any structural changes. We will organize schedules and movement inside the school to minimize face to face traffic, making stairwells one-way and staggering use of hallways to minimize mixing of cohorts. Floor markings will be affixed to areas in which lines are likely to form, reminding children and adults to maintain social distance from each other to the extent possible. In the lobby area, a clear shield will be placed to protect the reception area staff from possible encounters with visitors as they are checked. Hand sanitizers and soap dispensers will be placed throughout the building as described in the Health and Safety section of this document.

TLC will be installing hand sanitizer dispensers at entry points and other high traffic areas throughout the building.

Dispensers will be located on each floor in an open corridor that is at least 6ft wide.

Maximum liquid capacity in each dispenser is 1.2 liters

Frequent cleaning as detailed in the Health and Safety section will take place with concentration on frequently-used surfaces and areas.

2. At this time, no alterations of the structure are proposed. Should restructuring become necessary, TLC would submit all plans for review by the Office of Facilities Planning to ensure conformity with regulations related to the New York State Uniform Fire Prevention and Building Code.
3. Doorways will not be altered in any way within our facility, maintaining current adherence to the fire and building codes. Due to safety concerns related to possible elopement of very young disabled children, doors will not be left open except when there is immediate adult presence to supervise children's safety. Fresh airflow will be enabled through use of open windows when feasible. TLC's HVAC system uses high-efficiency air filters rated MERV 13 and above. Air filters are pleated. This design provides a larger area for capturing particles, plus more of an area to allow for airflow. The High-efficiency air filters will keep the HVAC system cleaner and our air quality purer. TLC's HVAC system is regularly maintained by licensed HVAC technicians.
4. Fire evacuation drills, lockdown drills, and shelter in drills will continue to be conducted on a regular basis, in conformity with Education Law and the Fire Code. As we will be working on-site with smaller groups of children (with at least 50% engaged in remote learning during any given day) the timing of drills will be varied so that all students and staff have frequent ability to participate in and learn from these drills. Groups of students will be instructed to remain with their

cohorts during drills and will seek to maintain social distance from other cohorts during evacuation from and re-entry to the school building. Drill procedures will be altered to include instructions for social distancing during drills.

5. Therapy and Learning Center will conform to any and all building inspections.
6. Therapy and Learning Center will conform to DOH regulations related to lead-in-water testing. Following lengthy periods when the building is unoccupied, water systems will be flushed prior to return to use. To ensure safety of drinking water, TLC supplies each classroom with their own water pitcher and long-lasting filters. Filters are changed regularly to insure maximum water filtration.

#### **4. NUTRITION**

Therapy and Learning Center is in compliance with all NY Child and Adult Care Food Program Regulations.

1. The school has a current State license to operate a Pre School.
2. The school's Food Service Coordinator is certified by the NYC Department of Health and Mental Hygiene Food Protection.
3. TLC's Food service provider, Regina Caterers is a CACFP approved vendor. Regina Caters follows all USDA meal patterns requirements by making sure each student is served a protein, vegetable, fruit, dairy, and grain on a daily basis.
4. The school submits monthly menus and attendance records to CACFP for reimbursement.
5. A meal count sheet is utilized daily
6. TLC's Food service Coordinator attends CACFP trainings as needed/required.
7. Enrollment forms are completed yearly for each child to ensure all eligible children have access to school meals.
8. All families complete Income Eligibility Applications which are kept on file to support the information entered on reimbursement claims.
  - All classrooms will be disinfected for morning snack, after snack, before lunch, after lunch and at the end of the day by using a bleach solution. The solution will consist of 2 tablespoons of bleach/quart.
  - All classrooms practice proper hygiene. Hand washing signage is posted in all classrooms and bathrooms. The hand washing poster will be reviewed with children on a daily basis.

All students are required to wash their hands and maintain the social distance of six feet before and after every snack/meal. Each student is required to wash their hands for 20 seconds, by either singing the happy birthday song twice or counting to 20.

Social distancing signage that is posted in all classroom, bathrooms and hallways will be reviewed and implemented on a daily basis.

- All students will be served a healthy snack during the first hour of classroom time in their classroom following all hand washing protocols. Students will sit

separately from one another to ensure the 6 feet social distancing protocol is in effect which will be supervised by the classroom teacher and teacher assistants.

- All students with special dietary requirements will be served a meal that addresses their needs as per parental request documentation. Therapy and Learning Center is a Nut Free School. Our food service provider, Regina Caters also offers gluten free and vegetarian meals for students as needed/requested. All meals will be served individually for each child in their respective classrooms. Six feet social distancing guidelines will be in effect at all times (students will sit separately from one another) to ensure that children with food allergies will be protected. There will be no family- style Meals until the COVID -19 Pandemic is resolved and further guidance is provided by the NY State Education Department. The classroom teacher and teacher assistants will implement all COVID -19 lunch protocols under the direct supervision of the Education Director.
- There will be times that the school's Related Service Providers will assist with student meals in order to support the implementation of COVID-19 guidelines during meal times.
- School staff (teachers, teacher assistants, teacher aides and therapists) will be trained and provided periodic refreshers on the proper use of personal protective equipment and the signs and symptoms of COVID-19;
- The school will regularly provide brown bag meals to students who are receiving Remote Learning on a particular day from the 12:00 PM to 1:00 PM at Exit B. School Personal will wear PPE and ensure the 6 feet social distancing protocol is in effect when parents/guardians/caregivers arrive to pick up meals. Recipients will be required to sign for each meal picked up.
- Initial CACFP Applications will be included in a Students Enrollment Packet. During the school year all monthly menus and any Food Service Updates will be set to parents through class dojo and via student's communication folders.

## **5. TRANSPORTATION**

### **Reopening Mandatory Requirements**

- The New York City Department of Education's Office of School Transportation is expected to fulfill existing mandates regarding the safe and effective transportation of students who attend Therapy and Learning Center, Inc.

### **School Bus Mandatory Requirements**

- The school company contracted by the by DOE will ensure the following. As per SED regulations Special Ed children between the ages of 3 and 4 years old are not required to wear a mask. However, the bus company will provide a mask for all children who are physically able to wear them.
- All buses which are used every day by TLC students must be cleaned/disinfected once a day. High contact spots must be wiped down after the am and pm run depending upon the disinfection schedule implemented by the contracted bus company.
- School buses used by TLC students shall not be equipped with hand sanitizer due to its combustible composition and potential liability to the carrier or district.

School bus drivers, monitors and attendants must not carry personal bottles of hand sanitizer with them on school buses.

- Wheelchair school buses must configure wheelchair placement to ensure social distancing of 6 feet.

### **Students on Transportation Mandatory Requirements**

The TLC Registered Nurse will electronically send a health screen form to be filled out on a daily basis to parents before their child arrives to school. Parents in turn will email the completed form daily to the school's Registered Nurse before their child arrives at school.

- As was outlined in the Health and Safety section of this guidance, all parents/guardians will be required to email the school confirmation that their child/children are not experiencing any signs and symptoms of COVID-19 and do not have a fever of 100 degrees or more prior to child arriving to school.
- Students must wear a mask on a school bus if they are physically able. Students who are unable to medically tolerate a face covering including students with such covering would impair their physical health or mental health are not subject to the required use of a face covering;
- Students must socially distance 6 feet (of separation) on the bus;
- Students who do not have a mask cannot be denied transportation;
- Students who do not have a mask must be provided one by the bus company if they are physically able to wear one. Students with a disability which would prevent them from wearing a face mask will not be forced to do so or denied transportation.

### **School Bus Staff Mandatory Requirements**

TLC is a Not for Profit Special Education school for 3 and 4-year-old children. The following school bus staff mandatory requirements fall under the jurisdiction of the NYC DOE Office of Pupil Transportation.

- School bus drivers, monitors attendants and mechanics shall perform a self-health assessment for symptoms of COVID-19 before arriving to work. If personnel are experiencing any of the symptoms of COVID-19 they should notify their employer and seek medical attention;
- School bus drivers, monitors, attendants and mechanics must wear face covering along with an option face shield;
- Transportation staff (drivers, monitors, attendants, mechanics and cleaners) will be trained and provided periodic refreshers on the proper use of personal protective equipment and the signs and symptoms of COVID-19;
- Transportation departments/carriers will need to provide Personal Protective Equipment such as masks and gloves for drivers, monitors and attendants in buses as well as hand sanitizer for all staff in their transportation locations such as dispatch offices, employee lunch/break rooms and/or bus garages.
- Drivers, monitors and attendants who must have direct physical contact with a child must wear gloves.

## **6. Social Emotional Well Being**

Therapy and Learning Center recognizes that many members of our school community may be facing challenges related to trauma, social isolation, stress, and other factors. In order to support the social-emotional health of our students and minimize vulnerabilities to the unusual challenges to mental health, we will prioritize attention to social emotional well-being of all our stakeholders.

### **For individual students, we will**

- Continue to follow CPSE procedure and mandates for counseling on child's IEP, as provided by the school psychologist or school social worker
- Refamiliarize staff with procedure for expressing concerns about student who may benefit from receiving school counseling services
- Provide clear list of criteria for students that may be referred or appropriate candidates for counseling in school
- Provide consultation for families and staff for students that may not be appropriate for school counseling.

### **In order to maintain and enhance a building and community-wide effort toward community-building and support,**

- TLC has an interdisciplinary PBIS team (includes school psychologist, school music therapist, school social worker, teacher, teacher assistant, therapists and administrative staff) to continue to support school staff and families in building a positive learning environment, both in-person and remotely. This is a multi-tiered support system which has been developed over the past several years, with input from the NYCDOE, and which is embedded in curriculum, lesson plans, special events, and school signage.
- We will reach out to the parent association for input and collaboration in addressing needs of families and students as we move into the coming school year.

### **In order to provide resources and referrals to address mental health, behavioral, and emotional support services and programs to our families, we will:**

- Continue to offer monthly parent workshops on a variety of topics to help families. These will cover topics such as social-emotional skills, supporting their child's learning at home, and planning for kindergarten.
- Continue to provide parent counseling and training per IEP mandates. This can be met through phone/video consultation and parent workshops.
- Continue to send appropriate resources and trainings via Class DOJO so parents have access to information
- Make referrals to specialists as needed, such as a neurologist or developmental pediatrician
- Create video resources about Positive Behavior Intervention Supports (PBIS) to help parents implement school/PBIS principles at home. Provide materials to parents to reward children at home.



**In order to provide our staff with the ability to support students and families during and after this public health emergency period, and to assist those staff in caring for their personal well-being, we plan to**

- Provide training or workshops on topics related to returning to school post COVID-19 and self-care, both an in-service from the school psychologist and school social worker and another from an external source.

## **7. SCHOOL SCHEDULES**

### **Students' Schedules**

In order to balance access to education and therapy with the need to maintain safety for our students and our staff, we will implement a hybrid schedule, alternating days in school with remote learning. This schedule will be put in place only after it is clear that there is sufficient personal protective equipment, cleaning supplies, staff, and physical distancing procedures in place to enable a safe environment for children and staff.

Two cohorts will be identified: A and B. Each classroom will contain an equal number in cohort A and cohort B, resulting in each on-site group consisting of half the enrolled group. Children will attend a full day on those days they are physically in school. Staggered arrival and departure will be organized with the bus company.

**Cohort A will attend Monday and Tuesday**, with adjustments made for school holidays and staff development days, if feasible. On days not in school, each child will engage in meaningful interaction with a teacher.

**Cohort B will attend Thursday and Friday**, with adjustments made for school holidays and staff development days, if feasible. On days not in school, each child will engage in meaningful interaction with a teacher.

Following a period of readjustment, if staffing, busing, and supplies are available, and if health and safety measures prove successful, alternate **Wednesdays** may be offered to each cohort.

1. Parent preferences regarding return to schooling (remote, full-time, hybrid/blended models) will be collected via survey, and considered during planning.
2. Children who are members of the same household will be scheduled in the same cohort.
3. It is likely that children may work with more than one teacher, and will receive therapies with more than one practitioner for each service. As many of the therapy spaces are too small, or have inadequate ventilation, therapy sessions may take place in the classrooms.
4. Busing, assignment of 1:1 para-professionals, and other considerations may determine which cohort a child will be placed in.
5. It is entirely possible that there will be fluctuations to all remote learning if circumstances require (e.g. government-mandated closure; outbreaks of illness;

transportation issues, etc.). Any changes will be communicated to staff via our e-mail system. Changes will be communicated to families via phone/e-mail based instant messenger as well as via CLASSDOJO, which enables translation to the family's preferred language.

6. If requested, we will offer a remote-learning only option until in-school activity becomes appropriate, on a case-by-case basis. This option is subject to guidance by the governing entities which direct our program

### **Staff Schedules**

Teachers and therapists will be scheduled on a staggered schedule. This arrangement allows for both remote and on-site activity, and will alleviate crowding at entry and exit points. Staff may be allowed to work remotely from work stations inside the school building in order that they can access equipment, technology, and materials which are not available within their home offices.

1. Health and other restrictions will be considered in making assignments and accommodations to staff.
2. Teachers and therapists may share caseloads due to the staggered schedule.

### **Administrative and Office Personnel Schedules**

Administrative and Office personnel will work a staggered schedule, with some remote and some on-site days to be determined with supervision, enabling fewer persons to interact within the school building.

## **8. BUDGET AND FISCAL MATTERS**

- TLC has set up new general ledger accounts to easily identify and track COVID-19 related expenses from typical operating expenses.
- TLC has worked with our payroll service provider to include options to track paid sick leave and family leave wages that may qualify for tax credits under the Families First Coronavirus Response Act
- TLC has included COVID-19 related expenses in FY 21' budget.
- TLC will monitor and reconcile bank accounts more frequently to diligently monitor our cash flow position.
- As additional revenue source, TLC will increase evaluation productivity

If tuition reimbursement is insufficient to meet the additional costs of providing services during the COVID-19 emergency:

- TLC will carefully track revenue and expenses and re-adjust budget
- TLC will re-allocate funds that were previously budgeted for enrichment programs and school trips to PPE expenses.
- TLC will track student enrollment and IEP needs and make staffing adjustments as needed such as furloughs and/or lay-offs.

TLC believes that the best way to maintain high levels of student enrollment is for everyone involved to work together in keeping our students and staff as safe as possible while under our roof.

- TLC will work tirelessly in keeping our school clean, disinfected and sanitized.
- TLC will train staff on best practices on how to use and wear PPE items.
- TLC will maintain social distancing
- TLC will ensure that students remain in the same space/small groups consistently as practicable.
- TLC will keep the same student and teacher or staff with each small group to the greatest extent possible.
- Teachers and Therapist will encourage children to hand wash and use of PPE items.
- TLC will maintain sufficient PPE supplies.
- TLC will encourage students and staff to stay home if they are not feeling well.
- TLC will encourage students and staff to stay home and monitor their health if they came into close contact with a person with COVID-19.
- TLC will keep communicating with families.

## **9. ATTENDANCE AND CHRONIC ABSENTEEISM**

Attendance for Instructional Purposes:

TLC will develop a mechanism to collect and daily report teacher/student engagement or attendance regardless of the instructional setting.

Attendance Considerations:

The classroom teachers will be responsible for monitoring attendance/participation/nonparticipation of every student enrolled in their class whether in-person or remote instruction.

Flexibility will be considered when monitoring attendance in a remote model.

Barriers such as parent schedules, availability or technology barriers may preclude students from connecting with teachers at a certain time.

Attendance for Reporting purposes:

Attendance will be reported by the teachers to the Attendance personnel for documentation daily.

Chronic Absenteeism:

Although flexibility is recommended when monitoring attendance in a remote instructional model, for families that have not engaged in remote learning and school staff outreach has been unsuccessful, TLC will make additional phone calls, text, e-mail families to offer resources and assess the student and family needs.

Chronic absenteeism will be reported to the District Administrator overseeing a child's IEP when appropriate.

## 10. TECHNOLOGY AND CONNECTIVITY

Technology knowledge and use have become extremely important with the use of remote learning and teletherapy, and will continue to enable students to engage meaningfully with teachers, therapists, and resources. In order to promote equity of access to remote learning, we will work closely with the NYC Department of Education to make available the tools needed for remote learning.

1. To initially gather and periodically update information on the level of access students and staff have to devices and high-speed broadband at their places of residence, a survey/questionnaire will be sent to each family and staff member to inquire about access or if they are in need of a device or Wi-Fi access. We will attempt to determine not only whether devices are present, but also the extent to which a given child will have access to learning via remote systems.
2. Parents and staff members will submit a request for a device/access through DOE if they do not have a device in their place of residence. Personnel are available at the school to assist families in accessing the DOE request system for students. TLC will make available equipment needed by staff once needs have been identified, to the extent possible. Technology will be made available at the school location in order to equip staff for remote interactions when they are physically present at the worksite.
3. TLC will implement Class DOJO, a “virtual classroom,” as an alternate means of communication with families. Activities, lesson plans, newsletters and daily updates on child progress are sent via this parent messenger system. Class DOJO also has a translation feature, which enables families to receive and send information via their preferred languages. Staff is instructed to use telephone access in cases when families have inadequate, nonworking, or unavailable means for remote learning on an as-needed basis.
4. To promote equitable access and flexibility during remote instruction, TLC will implement a combination of individual, small and large group sessions, will coordinate sessions with therapists to ensure the child receives services throughout the day and to limit screen time. Parents are given the option to participate via Class DOJO if remote instruction/teletherapy is not working well for their child. In addition, a library of video songs, stories, activities, exercises, and demonstrations will be developed for children and families to reference during and after educational/therapeutic interactions, available via a subscribed YouTube channel. Teachers and therapists may also suggest activities available through on-line links. Surveys will be sent to families for feedback to determine the effectiveness of remote instruction platforms, Microsoft Teams and Class DOJO
5. Department specific webinars/trainings are attended on an ongoing basis by all staff.

6. Staff members and families have access to our tech support department which consists of a Technology Specialist and an Assistive Technology Consultant. Staff and families are worked with individually to troubleshoot and solve any issues that arise. Out Tech consultants provide step by step instructions for to assist staff and families in solving their own tech needs. Ongoing trainings are scheduled for staff and families as new programs are introduced.

To ensure data privacy and security, Class DOJO and Microsoft Teams are approved platforms and are FERPA compliant.

## **11. TEACHING AND LEARNING**

TLC will provide 180 days of instruction for the 2020-2021 school year that will be delivered in-person, remotely or through a hybrid model and will ensure the continuity of the learning plan for the school year.

\*Instruction will be aligned with the outcomes in the New York State Learning Standards

\*Monthly Units of Study will be implemented

\*TLC will ensure equity in all instruction. Instruction will be developed so that whether delivered in person, remotely or through a hybrid model in the event of school closure, instruction will be accessible to all students.

\*Instruction will be delivered by a certified teacher, regardless of delivery method and will include regular and substantive interaction.

\*TLC will create a clear communication plan for how families can contact the school with questions, concerns and about their child's program/services. This information will be available to families in their preferred language (by phone, DOJO, Microsoft Teams, and e-mail).

### **EARLY LEARNING**

#### Health and Safety Guidelines

\*For classrooms without an interior bathroom, an adult will accompany each child to and from the bathroom outside the classroom and ensure that proper handwashing techniques are used.

\*Napping materials will be sanitized daily and to the extent practicable, assigned to individual children

\*During center time, large group centers (water/sand, sensory tables) will be avoided.

\*TLC will follow sanitation guidelines from the Department of Health after a child has been at a learning center or in small groups.

#### Instructional Practices and Programming Considerations

\*While TLC recognizes the importance of teacher/therapist and student interaction and peer interaction as part of best practices for Early Learning, staff should refrain from strategies and practices that encourage physical contact (hand holding, buddy system)

\*when developing remote learning plans, teachers/therapists should be cognizant of the amount of time young learners are spending directly viewing the screens. Time spent remotely can be devoted to authentic learning activities at home.

## **12. CAREER AND TECHNICAL EDUCATION**

Therapy and Learning Center does not offer and does not anticipate offering career and technical education at this time.

## **13. ATHLETICS AND EXTRACURRICULAR ACTIVITIES**

While athletics and extra-curricular activities are generally not part of any 4410 program Therapy and Learning Center is a proud participant in the Rising New York Road Runners program. This association with the RNYRRC not only provides incentives for our students but teaches them appropriate social skills through opportunities to participate in age appropriate organized physical activities. TLC will comply with the guidance and requirements set forth in the DOH Interim Guidance for Sports and Recreation During the COVID-19 Public Health Emergency.

## **14. SPECIAL EDUCATION**

As a 4410 school, TLC is fully committed to providing free, appropriate, public education (FAPE) to students with disabilities. Our program and services are designed to meet students' multiple and varied needs, consistent with mandates assigned by the Committee for Preschool Education (CPSE).

1. This reopening plan seeks to ensure that options exist which will enable students to transition between in-person, remote, and hybrid learning environments to the extent practicable while at the same time ensuring that the health and safety of students with disabilities and those providing special education and services in the school are not compromised. Specifics of the reopening plan will be available to the community on the school's website, [www.tlckids.org](http://www.tlckids.org).
2. Parent engagement will be fostered in the preferred language or mode of communication regarding the provision of services to each child to meet the requirements of the IDEA. Parents will be engaged through a variety of means

including participation in an online CLASSDOJO community, by phone, e-mail, or written contact.

3. Collaboration between CPSE and TLC will be ongoing to monitor student progress. Throughout the coming school year, consideration of the need for the least restrictive environment (LRE) will continue, with parent input sought by teachers and therapists. Quarterly reporting, parent surveys, and ongoing communication will inform of the need to make adjustments to programming. Flexible methodology for delivery of service will be necessary to ensure health and safety of children and providers within the program. An annual review for each child will be scheduled with his local CPSE school district, during which potential adjustments to the program will be discussed. These meetings may take the form of videoconferencing or teleconferencing depending upon available technology.
4. Until schools return to normal operating conditions, each child's IEP will be implemented with flexibility in regard to class ratio and mode/and or manner, group/individual sessions, specific group size, or related services, and frequency, duration, and location of related services. If needed and approved via IEP, the school district will be engaged to provide any needed assistive technology. Referrals for re-evaluation for additional or modified services (including AAC devices) will be requested upon collection of appropriate data and justification, in conjunction with the child's local CPSE.
5. Teachers and service providers will collect data to monitor each child's progress, whether in-person or remote instruction is in use. This data will be used to monitor progress toward IEP goals, academic achievement, and functional skills. Reports of progress will be made to parents on a quarterly basis, using a variety of means to deliver reports, including mail or electronic delivery. Documentation of related services will continue using the EasyTrac system already in place. Any related services missed due to provider absence will be made up to the extent possible.

## **15. BILINGUAL EDUCATION AND WORLD LANGUAGES**

1. Whether in-person, hybrid, or remote instruction is made available, opportunity for full and equal participation by children and families will be sought to the extent possible. Identification of children needing instruction in a language other than English will be guided by the Individual Education Plan (IEP) for each child. Alternate interim placement for Arabic-language instruction is available at TLC.
2. Instructional goals are established at TLC via the IEP, which designates the language of instruction, the related services, and the goal areas to be addressed.
3. Regular communication with parents/guardians is to take place to ensure engagement with children's education and the school community. To the extent

possible, written communication will be made available in the preferred language of the family. Translation apps, use of DOE translator service, and use of staff who share a language with the family will be utilized to enable communication with families.

## **16. STAFFING**

All TLC current and prospective education and clinical staff are required to hold a valid certification/license appropriate to their service assignment. The Human Resources Administrator verifies all certifications and licenses using the NYSED appropriate websites.

Currently, all Clinicians employed at TLC hold a current valid certification/license. All 13 classrooms are assigned Lead Teachers who are either certified in Special Education Birth to Grade 2, or on a study plan. The teachers who are on a study plan are enrolled in an accredited college and working toward obtaining their certification. All current Teacher Assistants hold an NYSED Level I teaching assistant certification or higher. Historically, staff resign or take positions elsewhere in the fall. Should this occur, it may affect the certification status of employees at the school early in the school year.

If substitute teachers will be needed due to staff absences or in certain staff intensive instructional models that blend remote and in-person learning, TLC will undertake robust recruitment efforts to identify and process qualified substitutes. In the 2020/2021 school year, as permitted by NYSED, if qualified substitute teachers cannot be engaged, individuals with a high school diploma or equivalent, even those not working toward certification can first be engaged for up to ninety (90) days and then beyond the first ninety (90) day period through the end of June, 2021, as long as the Executive Director documents and attests that recruitment efforts did not identify a fully qualified substitute teacher. Recruitment efforts will be extensively documented.

Accommodations:

Staff members who are requesting an accommodation from reporting for in-person work due to concerns about their own health are required to notify the Human Resources Administrator and then comply with submitting requested information before TLC can determine if a reasonable accommodation can be made based on applicable law, regulation and the school's needs and resources.

## **17. TEACHER AND PRINCIPAL EVALUATION SYSTEM**



In order to ensure effective teaching and to provide support for continued success, an annual professional performance review will be conducted for each member of the instructional staff.

1. New staff will receive a 3-month review to ensure adequate skill and to outline areas in need of further development.
2. Annual performance review of teachers and TAs will be completed by the Education Director and maintained in the staff files.
3. Annual performance reviews of therapists/clinical staff will be completed by the Clinical Coordinator and maintained in the staff files.
4. Annual performance review of the Education Director (Principal) will be completed by the Executive Director and maintained in the staff file.
5. Annual performance review of the Clinical Coordinator will be completed by the Education Director and maintained in the staff file.
6. All reviews will include information gathered from observation (onsite or remote), discussion, review of student assessments, and review of any incident files.
7. A standard rubric will be used for all annual performance reviews.

## **18. STUDENT TEACHING**

Student teaching and clinical fieldwork opportunities have been offered via relationships with local universities during periods of in-person instruction. In January of 2021 TLC will attempt to recommence these opportunities for supervised teacher and clinical education graduate students.

1. Considerations of health, safety, and the appropriateness of adding mentorship to any staff member's duties will be taken into account prior to any student teacher placement.
2. Student teachers/clinicians will be under direct supervision of certified/licensed staff during interactions with TLC students.
3. Student teachers/clinicians will under no circumstance act as the provider of record for in-person or remote learning
4. Any student teacher must complete relevant screening procedures as required by NYCDOE, DOI, NYSED, and other governing entities.
5. Any student teacher/clinical fieldwork participant will undergo relevant training as indicated and required at the time of enrollment by DOH, NYSED, the NYCDOE, and other governing entities.