



Elizabeth Seton
Children's School

Reimagine School Reopening Plan

Yonkers Campus Yonkers, New York

Submitted to the New York State Education Department
August 7, 2020



Elizabeth
Seton
Children's

Where inspired care creates possibilities

Mission Statement

“Creating possibilities for children with medical complexities and their families, inspired by the love of St. Elizabeth Seton.”

Vision Statement

“Pursuing leadership and excellence by advancing innovative, loving care with transformational outcomes for children with medical complexities and their families.”

TABLE OF CONTENTS

School Information.....	4
Background Information.....	5
Purpose.....	7
Team Members	8
Quality Assurance.....	10
Communication/Family and Community Engagement	11
Health and Safety	13
Facilities.....	23
Child Nutrition	24
Transportation	25
Social Emotional Well-Being.....	26
School Schedules	28
Attendance and Chronic Absenteeism.....	29
Technology and Connectivity	30
Teaching and Learning.....	31
Special Education	35
Certification, Incidental Teaching, and Substitute Teaching	37

SCHOOL INFORMATION

Agency Name: John A. Coleman School

DBA: Elizabeth Seton Children's School

BEDS Code: 662300995058

Administrative Address: 300 Corporate Boulevard South, Yonkers, NY 10701

Program Site Address: 300 Corporate Boulevard South, Yonkers, NY 10701

Program(s) provided at this site:

- 4410 (Preschool Special Education)
 - Special Class
 - Special Class in an Integrated Setting
 - Multi-Disciplinary Evaluations
- 853 (School Age Special Education)

Contact Person: Sharon Herl, Principal

Contact Phone Number: (914) 294-6171

Contact Email Address: sherl@setonchildrens.org

Website where this plan and plan updates will be posted: setonchildrens.org/covid-19

BACKGROUND INFORMATION

The New York State Department of Health (NYSDOH) monitors the public health situation created by the Coronavirus Disease 2019 (COVID-19) public health emergency. In consultation with the New York State Education Department (NYSED), the NYSDOH provides guidance and updates to local health departments, school districts, schools and day care providers on the latest policies, protocols and precautions to reduce transmission of COVID-19 among New Yorkers, including our students, their families and our staff.

Through issuance of Executive Orders in March 2020, all public and non-public schools in New York State were closed and distance learning was mandated for the remainder of the school year. In June 2020, an Executive Order allowed for special education services to be provided in person for the summer term in school districts. NYSDOH issued an *Interim Advisory for In-Person Special Education Services and Instruction during the COVID-19 Public Health Emergency* which stated that independent schools (non-public preschool and school age programs) may provide necessary services at the authorization of the referring school district. The Elizabeth Seton Children's School opened its in-person program in accordance with all local and State guidelines.

In July 2020 the NYSDOH issued *Interim Guidance for In-Person Instruction at Pre-K to Grade 12 Schools during the COVID-19 Public Health Emergency* and NYSED issued *Recovering, Rebuilding and Renewing: The Spirit of New York's Schools Reopening Guidance*. All schools in New York State are required to develop a comprehensive reopening plan that reflects full compliance and assurance with these guidelines. Elizabeth Seton Children's School has developed its reopening plan in accordance with these requirements.

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 these outcomes, we can find solutions to the many challenges ahead. This plan will be revised and updated as needed to adjust to changing public health conditions caused by the COVID-19 virus and all 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 reopening 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.

This 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 special needs and their families:

- Communication/Family and Community Engagement
- Health and Safety
- Facilities
- Child Nutrition
- Transportation
- Social Emotional Well-Being
- School Schedules
- Attendance and Chronic Absenteeism
- Technology and Connectivity
- Teaching and Learning
- Special Education
- Certification, Incidental Teaching, and Substitute Teaching

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

PURPOSE

Our Reimagine School Reopening Plan addresses the challenges of how to provide in-person special education services and instruction while protecting the health and safety of our students and employees at all times. To accomplish this, we have used the essential information from NYSDOH and the Centers for Disease Control and Prevention (CDC), the New York State Department of Education, the Office of Children and Family Services (OCFS) and Reopening New York guidance.

To ensure that our Reimagine School Plan is comprehensive and specifically addresses the unique and special needs of our students and the concerns of our staff and families, we accessed the collective expertise of the Elizabeth Seton Children’s Center to assist in the development of our protocols and policies. We solicited input and involvement from the families we serve and our staff during the drafting of our reopening plan. We collaborated with local municipalities and elected officials, school districts, and the Board of Directors of Elizabeth Seton Children’s. We will continue to rely on input from all stakeholders as we implement this plan and if 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, and staff members. Our goal is to guide the delivery of the highest quality of educational excellence as safely as possible whether service delivery is in-person, through a distance learning platform or a blend of remote and in-person services. Our focus clearly extends to the social and emotional needs of our students, families and staff. By diligently working together and focusing on the desired outcomes, we will find solutions to the challenges ahead. Be assured that nothing has changed our deep commitment to our students and our determination to provide exceptional education and related services even during these unprecedented times.

This tool is a *living document* based on the most updated public health information at this time. Because vetted data and best practices can frequently change, Elizabeth Seton Children’s School will revise and reissue this plan as necessary according to recent public health conditions and new requirements and regulations that may emerge over time. We acknowledge that we are accountable for adhering to all local, State and federal requirements relative to special education.

Recognized as innovative leaders in our field, we will continue to rigorously engage our families, staff, community and regulatory partners as we move toward a school year reopening. We thank you and appreciate your collaboration, flexibility and trust in Elizabeth Seton Children’s School.

TEAM MEMBERS

The school engaged with school stakeholders and community members (e.g. administrators, faculty, staff, students, parents/legal guardians of students, local health departments, local health care providers, and affiliated organizations, such as unions, alumni, and/or community-based groups) when developing reopening plans. Plans for reopening should identify the groups of people involved and engaged throughout the planning process.

The following school stakeholders, and community-based individuals were involved in the development of the re-opening plan and will be engaged in future revisions.

PLANNING TEAM

- Patricia Tursi, CEO, Elizabeth Seton Children's Center
- Maureen Tomkiel, Executive Director, Elizabeth Seton Children's School
- Sharon Herl, Principal, Elizabeth Seton Children's School
- Elisa Witt, Assistant Principal, Elizabeth Seton Children's School
- Lauri Cohen, Director of Related Services, Elizabeth Seton Children's School
- Deena DeMarco, Speech Therapist, Elizabeth Seton Children's School
- Melissa Flannery, Adapted Physical Education Teacher, Elizabeth Seton Children's School
- Elizabeth Izower, Speech Therapy Leader, Elizabeth Seton Children's School
- Allison Klein, Special Education Teacher, Elizabeth Seton Children's School
- Pauline Mancini, Special Education Teacher, Elizabeth Seton Children's School
- Erica Mason, Special Education Teacher, Elizabeth Seton Children's School
- Lynn McNulty, Special Education Teacher, Elizabeth Seton Children's School
- Christeen Reigh, Physical Therapist, Elizabeth Seton Children's School
- Jennifer Schmukler, Occupational Therapist, Elizabeth Seton Children's School
- Sharis Seaborn, Teacher Assistant, Elizabeth Seton Children's School
- Nicole Sproviero, Physical Therapy Leader, Elizabeth Seton Children's School
- Rosa Sutera, Supervisor of School Nursing Services, Elizabeth Seton Children's School
- Amanda Tartaglia, Special Education Teacher, Elizabeth Seton Children's School
- Virginia Christine Tomes, Occupational Therapist, Elizabeth Seton Children's School

PARENT MEMBER

- Rachel Amar

ADVISORY COMMITTEE

- Vanessa Andrews, Director of Child Life, Elizabeth Seton Children's Center
- Florin Berevoescu, Chief Information Officer, Elizabeth Seton Children's Center
- Samantha Carena, Assistant Director of Engineering, Elizabeth Seton Children's Center
- Joanna Gentile, Founder and CEO, JM Facilities
- Rafael Gil, Director of Environmental Services, Security, Elizabeth Seton Children's Center
- Olivia Jackson, RN, Director of Infection Prevention and Occupational Health, Elizabeth Seton Children's Center
- Paul Mackey, VP of Facilities and Engineering, Elizabeth Seton Children's Center
- Dr. Alvin Moyer, MD, Interim Chief Medical Officer, Elizabeth Seton Children's center
- Dr. Natalie Neu, MD, MPH, Infectious Disease Consultant, Columbia University Medical Center
- Carla Perruccio, CFO, Elizabeth Seton Children's Center
- Lisa Poskanzer, Corporate Compliance Officer, Elizabeth Seton Children's Center
- Adriene Rosell, VP of Operations, Elizabeth Seton Children's Center
- Carolyn Ryan, VP of Quality Improvement, Elizabeth Seton Children's Center
- Dorian Samuels, Chief Nursing Officer, Elizabeth Seton Children's Center
- Carmela Senese, Chief Rehabilitation Officer, Elizabeth Seton Children's Center
- Frances Sequeira, VP of Talent Management, Elizabeth Seton Children's Center
- Emil Teen, Director of Materials Management, Elizabeth Seton Children's Center
- Yelena Yadgarova, Director of Respiratory Services, Elizabeth Seton Children's Center

QUALITY ASSURANCE

The Reimagine School Plan serves as the mechanism for ensuring that the health and safety of all our children and staff continues to be the utmost priority of the Elizabeth Seton Children's School.

The safety plan described in this document will be actively monitored by the school's Quality Improvement Council which provides an ongoing systematic approach to monitor, plan and improve the services and outcomes for all children, staff and families. Our quality assurance plan has been developed in compliance with regulatory requirements of the New York State Department of Education, New York State Department of Health and the Elizabeth Seton Children's Corporate Compliance Plan which covers all its entities.

Our Quality Improvement Council assures oversight for all quality improvement activities and reports quarterly to the Quality Improvement and Safety/Talent Committee of the Board of Directors of Elizabeth Seton Children's.

The following quality indicators will be monitored during the 2020-2021 school year:

1. Daily review of student and employee health screenings
2. Set and ensure 60-day par level for PPE, and cleaning and disinfecting supplies
3. Weekly review of cleaning and disinfecting logs
4. Targeted weekly safety rounds
5. Monthly comprehensive safety rounds
6. Student Occurrences
7. Provision of IEP mandated services
8. Compliance with regulatory updates and changes

COMMUNICATION/FAMILY & COMMUNITY ENGAGEMENT

- 1. The school developed a communications plan for students, parents or legal guardians of students, staff, and visitors that includes applicable instructions, training, signage, and a consistent means to provide individuals with information. Responsible Parties may consider developing webpages, text and email groups, and/or social media groups or posts.***

Students at Elizabeth Seton Children’s School (“school”) Yonkers location have complex medical conditions and highly intensive educational needs. Communications for our students are provided at their developmental and grade level and include educational videos and read aloud stories on hand hygiene, social distancing, face coverings and respiratory hygiene. Social distancing floor markers are present throughout the building. Directions on proper hand hygiene and wearing of face masks are posted. Parents, legal guardians and visitors are provided with a Fact Sheet in their native language that explains the protocols to be followed when visiting school. Employees receive ongoing education on hand hygiene, applying and removing personal protective equipment (PPE) and respiratory hygiene. Information is shared via mailings, email, website postings, mass notification system Blackboard Connect and video conferencing. Employees are provided with a written copy of the Reimagine School Reopening Plan, and the plan is also posted and accessible to employees. Employees receive a daily informational letter from Pat Tursi, CEO, via email which includes current data on positive COVID-19 test results for staff and children. Employees are encouraged to maintain an open dialogue with the organization and can send questions, concerns or suggestions related to COVID-19 to our COVID-19 email address at COVID19questions@setonchildrens.org.

- 2. The school will ensure all students are taught or trained how to follow new COVID-19 protocols safely and correctly, including but not limited to hand hygiene, proper face covering wearing, social distancing, and respiratory hygiene.***

Students have complex medical conditions and multiple disabilities. Communications for our students are provided at their developmental and grade level and include educational videos and read aloud stories on hand hygiene, social distancing, face coverings and respiratory hygiene.

- 3. The school will encourage all students, faculty, staff, and visitors through verbal and written communication (e.g. signage) to adhere to CDC and DOH guidance regarding the use of PPE, specifically acceptable face coverings.***

Social distancing floor markers are present throughout the building. Directions on proper hand hygiene and wearing of face masks are posted. Parents, legal guardians and visitors are provided with a Fact Sheet that explains the protocols to be followed when visiting

school. Staff receive ongoing education on hand hygiene, applying and removing PPE and respiratory hygiene.

4. *The school will provide communications in the language(s) spoken at home among families and throughout the school community. Written plans must be accessible to those with visual and/or hearing impairments.*

Written communications are translated into Spanish and other languages as needed. CyraCom translator phone system is utilized to speak with families in more than 120 languages. The written plan is posted on our website and is available to individuals with hearing impairments. Individuals with visual impairments can request assistance from school personnel to review the plan. Information is shared through a wide array of platforms including mailings, email, telephone calls, website postings, mass notification system Blackboard Connect and video conferencing.

5. *Outreach to regulatory agencies and community stakeholders.*

School administration consults with and provides regular updates to:

- Elizabeth Seton Children’s Board of Directors
- Local elected officials
- Westchester County Department of Health Children with Special Needs
- New York City Department of Education Central Based Support Team
- New York State Education Department SEQA Office
- School District Committees on Special Education

6. *School Response Team.*

All employees, families and community stakeholders are encouraged to maintain an open dialogue with the organization. Questions, concerns or suggestions related to this plan should be directed to our School Response Team:

- Sharon Herl, Principal
914-294-6171
sherl@setonchildrens.org
- Elisa Witt, Assistant Principal
914-294-6290
ewittsuarez@setonchildrens.org
- Rosa Sutera, Supervisor of School Nursing Services
914-294-6487
rsutera@setonchildrens.org

HEALTH AND SAFETY

- 1. Each school reopening plan must review and consider the number of students and staff allowed to return in person. These factors should be considered when determining resumption of in person instruction: (1) Ability to maintain appropriate social distancing; (2) PPE and face covering availability; (3) Availability of safe transportation; and (4) Local hospital capacity – consult your local department of health.**

Elizabeth Seton Children’s School developed three instructional models: in-person, remote and a hybrid that includes both in-person and remote. The number of students and staff available for the in-person model provides for social distancing and requires the use of face masks for staff. Transportation is not applicable at the Yonkers location as the children are residents at Elizabeth Seton Children’s Center (“children’s center”) which is co-located in the same building as the school with the exception of one student who resides at home and is transported to and from school via ambulance. We are in contact with three children’s hospitals within 20 minutes of our school. All have adequate capacity to accept new patients to both their general and ICU settings.

- 2. Each school reopening plan must engage with school stakeholders and community members (e.g. administrators, faculty, staff, students, parents/legal guardians of students, local health departments, local health care providers, and affiliated organizations, such as unions, alumni, and/or community-based groups) in developing their reopening plan and identify those that participated in the reopening plans.**

Refer to pages 8 and 9 for members of our Planning Team and Advisory Committee.

- 3. Each school reopening plan must include a communications plan for students, parents/guardians, staff, and visitors that includes applicable instructions, training, signage, and a consistent means to provide individuals with information.**

Students have complex medical conditions and highly intensive educational needs. Communications for our students are provided at their developmental and grade level and include educational videos and read aloud stories on hand hygiene, social distancing, face coverings and respiratory hygiene. Social distancing floor markers are present throughout the building. Directions on proper hand hygiene and wearing of face masks are posted. Parents, legal guardians and visitors are provided with a Fact Sheet that explains the protocols to be followed when visiting school. Staff receive ongoing education on hand hygiene, applying and removing personal protective equipment (PPE) and respiratory hygiene.

- 4. Each school reopening plan has a written protocol developed in collaboration with the school's health professionals or relevant staff to instruct staff to observe for signs of illness in students and staff and requires symptomatic persons to be sent to the school nurse or other designated personnel.***

Students have complex medical conditions and multiple disabilities. Staff are educated on how to identify signs and symptoms of illness, including Multisystem Inflammatory Disease, and immediately notify the child's assigned nurse when a child appears ill. The Director of Infection Prevention and Occupational Health and/or the Occupational Health Coordinator is notified for a staff member that is exhibiting signs of illness.

- 5. Each school reopening plan has a written protocol for daily temperature screenings of all students and staff, along with a daily screening questionnaire for faculty and staff and periodic use of the questionnaire for students.***

Students have complex medical conditions and are residents at the children's center where they receive 24-hour skilled nursing care with the exception of one student who resides at home. Their vital signs, including temperature, are taken at least twice a day. Staff temperature is taken upon entry into the building and they are required to complete a daily Employee Health Screening Questionnaire.

- 6. Each school reopening plan requires that ill students and staff be assessed by the school nurse (registered professional nurse, RN) or medical director and that if a school nurse or medical director is not available, ill students and staff will be sent home for follow up with a healthcare provider.***

Students are residents at the children's center which is co-located in the same building as the school with the exception of one student who resides at home. In the event a child becomes ill in school, the assigned nurse completes their nursing assessment, then notifies the nurse in the children's center. The child is then transported back to their residential neighborhood of care, or for the child that resides at home to the school nursing office, for evaluation by the attending pediatrician or nurse practitioner. When an employee becomes ill at work they are isolated in the school nursing office, and the Occupational Health Coordinator and Director of Infection Prevention and Occupational Health are notified. One of these individuals speaks directly with the employee to obtain information regarding their symptoms. The employee is sent home and the Occupational Health Coordinator or Director of Infection Prevention and Occupational Health follow-up with the employee regarding their return to work. The daily school schedule specifies staff assignments and is utilized for contract tracing.

- 7. Each school reopening plan has written protocol requiring students or staff with a temperature, signs of illness, and/or a positive response to the questionnaire to be sent directly to a dedicated isolation area where students are supervised, prior to being picked up or otherwise sent home.***

Students at our school are residents at the children's center which is co-located in the same building as the school with the exception of one student who resides at home. Children's vital signs, including temperature, are checked prior to coming to school. In most instances, when a child has a temperature greater than 100.0°F they do not attend school. However, for children diagnosed with temperature instability, the attending pediatrician or nurse practitioner will make a determination as to whether the child is able to attend. For students that becomes ill during the school day with signs or symptoms consistent with COVID-19, every attempt is made to isolate the child in the school nursing office. The attending pediatrician or nurse practitioner is contacted to come to school to assess the student and make a determination regarding safe transport back to the children's center. Staff temperature is taken upon entry into the building and they are required to complete a daily Employee Health Screening Questionnaire. If their temperature is greater than 100.0°F or if they answer 'yes' to any of the questions, then the employee is not permitted to enter the school and is sent home.

8. Each school reopening plan has written protocol to address visitors, guests, contractors, and vendors to the school which includes health screening.

Outside visitors are restricted and must have permission from school administration to enter the building. Visitors are required to adhere to the following protocols:

- Schedule visits in advance.
- Will be provided with a face mask which they are required to wear at all times; mask must cover both their nose and mouth.
- Clean their hands with an alcohol-based sanitizer.
- Have their temperature taken.
- Complete a health screening questionnaire which includes their contact information.
- Visitor(s) are instructed to maintain six feet of social distance at all times.

Documentation of visitor screening is maintained on-site and includes the first and last name of the visitor, street address, telephone number, date and time of visit, and email address. A visitor expectation fact sheet is given to all visitors. Staff monitor all visits and clean and disinfect areas used after each visit with EPA-approved disinfectant.

9. Each school reopening plan has a written protocol to instruct parents/guardians to observe for signs of illness in their child that require staying home from school.

Students do not reside at home and are residents at the children's center where they receive 24-hour care with the exception of one student who resides at home. All children have complex medical conditions and their vital signs, including temperature, are taken at least twice a day. Medical professionals including pediatrician, nurse practitioners, registered nurses and respiratory therapists monitor the child throughout the day for signs and symptoms of illness. Children that are exhibiting signs/symptoms of illness are not sent to school and remain on their residential neighborhood in the children's center. The

one student that resides at home, is required to remain at home if exhibiting signs or symptoms of illness.

10. Each school reopening plan has written protocol and appropriate signage to instruct staff and students in correct hand and respiratory hygiene.

Directions on proper hand hygiene and respiratory hygiene are posted throughout the school. Employees must be vigilant in proper hand hygiene. Wash hands with soap and water for 20 seconds. If soap and water are not available, use one of the hand sanitizing stations visibly located throughout the building. Employees should engage in hand hygiene at the following times:

- Arrival to school and after breaks
- Before and after preparing food or drinks
- Before and after eating or handling food, or feeding children
- Before and after administering medication or medical ointment
- Before and after diapering
- After using the toilet or helping a child use the bathroom
- After assisting a child with handwashing
- After coming in contact with bodily fluid
- After using a facial tissue
- After handling animals or cleaning up animal waste
- After playing outdoors or in sand
- After handling garbage
- After handling deliveries
- After removing gloves
- Before and after putting on or taking off face masks
- Anytime hands are visibly soiled

Employees should assist children in engaging in hand hygiene at the following times:

- Arrival to school
- Before and after eating or handling food
- Before and after using shared materials
- After using the toilet or being diapered
- After coming in contact with bodily fluid
- After using a facial tissue
- After handling animals
- After playing outdoors or in sand
- After handling garbage
- Anytime hands are visibly soiled

Respiratory Hygiene:

- Cover coughs and sneezes with tissues or the corner of elbow
- Dispose of soiled tissues immediately after use in a covered receptacle
- Do not share food or beverages with others (e.g. buffet style meals)

11. Each school reopening plan has written protocol to ensure all persons in school buildings keep social distance of at least 6 feet whenever possible.

- Employees will practice social distancing upon arrival to work, in the parking lot, and while awaiting health screenings near the building entrance.
- No more than four adults with four children may share the large elevators and three adults with three children in the small elevators.
- Employees must be alert to and adhere to safety signage throughout the building.
- Staff meetings will take place via phone or video-conferencing; in-person gatherings will be kept to a minimum in a space that allows employees to be spaced six feet apart from one another.
- Social distancing floor markers and informational posters are displayed throughout the school.

Recognizing that maintaining social distancing is not possible when caring for students, the following precautionary measures will be taken. Direct care providers will:

- Bring an extra set of clothing to work.
- Consider wearing scrubs, smocks, or large button-down shirts that can be easily changed when soiled; soiled clothing will be placed in a plastic bag and taken home to be laundered. If soiled with a child's secretions (including drool), employees will change soiled clothing and wash any skin areas that came into contact with the child's secretions (e.g. neck or hands).
- Keep long hair pulled up off the collar and in a ponytail or other up-do.

12. Each school reopening plan has written protocol detailing how the school will provide accommodations to all students and staff who are at high risk or live with a person at high risk.

Employees who are at increased risk for severe COVID-19 illness, are not comfortable returning to an in-person school environment or need necessary modifications to perform their duties, may request accommodations to allow them to safely participate in educational activities based on their specific circumstances. All requests for reasonable accommodations should be submitted to the Talent Management Department. Individual requests will be evaluated in accordance with legal guidelines and in conjunction with the operational needs of the school.

13. Each school reopening plan has written protocol requiring all employees, adult visitors, and students to wear a face covering/mask.

Informational posters on face coverings are displayed throughout the school. Students will not be required to wear a face mask in accordance with guidance from the NYSED and the NYSDOH which states that students with special needs or students who are medically fragile may not be able to wear a face mask. Face masks should not be placed on students where such covering would impair the child's health, including children with respiratory issues and those unable to remove the face covering without assistance.

Employees are provided with masks that cover their nose and mouth and must follow proper procedures for putting on and removing masks. Cloth or homemade masks/face coverings cannot be worn in place of employer-provided masks. Masks are to be worn at all times when in the building, particularly when around other people and when a 6-foot distance is not possible. As masks cannot be worn while eating, staff are encouraged to observe social distancing during mealtimes. Outdoor picnic areas are arranged to be socially distant. Outside spaces can be used to provide a reprieve from mask-wearing, as long as social distancing is still observed. Employees must wear masks at all times when children are present, regardless of the distance. Employees must wear gloves in accordance with CDC guidelines. Proper procedures for putting on, removing, and disposing of gloves and masks must be followed at all times.

14. Each school reopening plan has a plan for obtaining and maintaining adequate supplies of face coverings/masks for school staff, students who forget their masks, and PPE for use by school health professionals.

Our school is co-located in the same building as the children's center and purchases for face masks and PPE are procured as a shared service. We maintain at least a 60 day supply and have done so throughout the pandemic. All school employees are required to wear a mask while in the building and are given a new mask each day. PPE is available for school health professionals.

15. Each school reopening plan has written protocol for actions to be taken if there is a confirmed case of COVID-19 in the school.

If a student exhibits signs or symptoms associated with COVID-19, they are transferred to our specialized neighborhood, placed on isolation, and tested for COVID-19. In the event the child tests positive, they will remain on the specialized neighborhood for at least 14 days from the onset of symptoms, be free of fever and respiratory symptoms for at least 72 hours, and must obtain at least one negative COVID-19 test result. Contact tracing will be completed. The school will be cleaned and disinfected as per CDC guidelines. All instruction and related services occur on the residential neighborhoods in the children's center. The neighborhood on which the child resides is closed and school staff are not permitted to enter.

Employees of the Elizabeth Seton Children's School's Yonkers campus work with children who reside at the Elizabeth Seton Children's Center and are therefore subject to the same weekly testing mandate (Executive Orders 202.3, 202.4, 202.5, and 202.55) as nursing home employees due to the school's physical location within the residential center. In addition to completing a daily symptom check and temperature screening, school employees will also currently receive weekly COVID-19 surveillance nasopharyngeal swab testing.

Asymptomatic individuals who test positive on this employee surveillance testing will immediately be notified, and dismissed home to complete a minimum 14 day isolation period (reflecting DOH guidance for nursing home employees). Staff will not be permitted

to return to work until they receive at least one negative test result. The Infection Prevention Department of the children's center will call the employee and initiate a contact tracing investigation and symptom screening. The classroom in which the employee worked will be immediately cleared of children and other employees, and then cleaned and disinfected. The room will remain out of use for at least 48 hours.

In the event of an employee developing symptoms of COVID-19 and subsequently testing positive, the Infection Prevention Department of Elizabeth Seton Children's Center will initiate a contact tracing and symptom screening. Any rooms within which the employee worked within 48 hours of symptom development will be closed, cleaned and disinfected. Rooms will remain out of use for at least 48 hours. Any employees who had significant exposure to the infected individual will be notified and asked to self-quarantine according to NYSDOH guidelines. As per heightened requirements for nursing home employees, the COVID-19 positive employee is required to remain home for 14 days from the date of the positive test result, be free of fever and respiratory symptoms for at least 72 hours, and must obtain at least one negative COVID-19 test result prior to returning to work.

16. Each school reopening plan has written protocol that complies with DOH and CDC guidance for the return to school of students and staff following a positive screen for COVID-19 symptoms, illness or diagnosis of confirmed case of COVID-19 or following quarantine due to contact with a confirmed case of COVID-19. Return to school will be coordinated with the local health department.

If a student exhibits signs or symptoms associated with COVID-19, they are transferred to our specialized neighborhood, placed on isolation, and tested for COVID-19. In the event the child tests positive, they will remain on the specialized neighborhood for at least 14 days from the onset of symptoms, be free of fever and respiratory symptoms for at least 72 hours, and must obtain at least one negative COVID-19 test result. Contact tracing will be completed. The school will be cleaned and disinfected as per CDC guidelines. All instruction and related services occur on the residential neighborhoods in the children's center. The neighborhood on which the child resides is closed and school staff are not permitted to enter.

Employees of the Elizabeth Seton Children's School's Yonkers campus work with children who reside at the Elizabeth Seton Children's Center and are therefore subject to the same weekly testing mandate (Executive Orders 202.3, 202.4, 202.5, and 202.55) as nursing home employees due to the school's physical location within the residential center. In addition to completing a daily symptom check and temperature screening, school employees will also currently receive weekly COVID-19 surveillance nasopharyngeal swab testing.

Asymptomatic individuals who test positive on this employee surveillance testing will immediately be notified, and dismissed home to complete a minimum 14 day isolation period (reflecting DOH guidance for nursing home employees). Staff will not be permitted to return to work until they receive at least one negative test result. The Infection

Prevention Department of the children's center will call the employee and initiate a contact tracing investigation and symptom screening. The classroom in which the employee worked will be immediately cleared of children and other employees, and then cleaned and disinfected. The room will remain out of use for at least 48 hours.

In the event of an employee developing symptoms of COVID-19 and subsequently testing positive, the Infection Prevention Department of Elizabeth Seton Children's Center will initiate a contact tracing and symptom screening. Any rooms within which the employee worked within 48 hours of symptom development will be closed, cleaned and disinfected. Rooms will remain out of use for at least 48 hours. Any employees who had significant exposure to the infected individual will be notified and asked to self-quarantine according to NYSDOH guidelines. As per heightened requirements for nursing home employees, the COVID-19 positive employee is required to remain home for 14 days from the date of the positive test result, be free of fever and respiratory symptoms for at least 72 hours, and must obtain at least one negative COVID-19 test result prior to returning to work.

17. Each school reopening plan has written protocol to clean and disinfect schools following CDC guidance.

Elizabeth Seton Children's School stays informed of all infection prevention protocols and adheres to OSHA and CDC approved guidance regarding cleaning and disinfecting. Infection prevention protocols are based on the following information:

- Coronaviruses on surfaces and objects naturally die within hours to days. Warmer temperatures and exposure to sunlight will reduce the time the virus survives on surfaces and objects.
- Normal routine cleaning with soap and water removes germs and dirt from surfaces. It lowers the risk of spreading COVID-19 infection.
- Disinfectants kill germs on surfaces. By killing germs on a surface after cleaning, you can further lower the risk of spreading infection. EPA-approved disinfectants are an important part of reducing the risk of exposure to COVID-19.
- Store and use disinfectants in a responsible and appropriate manner according to the label and MSDS guidance.
- Always wear gloves appropriate for the chemicals being used when you are cleaning and disinfecting. Additional personal protective equipment (PPE) may be needed based on setting and product and will be made available.
- Practice social distancing, wear masks, and follow proper prevention hygiene, such as washing your hands frequently and using alcohol-based (at least 60 percent alcohol) hand sanitizer when soap and water are not available.

Each member of the school community is responsible for maintaining a clean environment as outlined below:

- Employees limit sharing/touching of personal and school materials (e.g. pens, phones, clothing, bags, etc.).
- Employees and vendors maintain cleaning and disinfecting logs that include the date, time and scope of cleaning and disinfection. Logs must be visibly posted.

- Employees use EPA-approved cleaning and disinfecting products approved to deactivate COVID-19.
- All cleaning materials are kept secure and out of reach of children.
- Cleaning products are not used near children.
- Employees are responsible to clean and disinfect shared work spaces after use (keyboards, computer mouse, table spaces).

Cleaning and Disinfecting of Classroom and Therapy Treatment Areas:

- Employees complete routine cleaning of classroom/therapy materials and equipment throughout the day.
- Employees limit children from sharing/touching other children's personal and school materials.
- Toys that cannot be cleaned and disinfected should not be used.
- Toys and books that children have placed in their mouths or that are otherwise contaminated by body secretions or excretions should be set aside until they are cleaned by hand by a person wearing gloves.
- Toys are not shared with other groups of children, unless they are washed and disinfected before being moved from one group to the other.
- Employees clean and disinfect shared equipment used by one child prior to using with another child (e.g. activity mats, benches, bolsters, balls, strollers, tables, playground touch-surfaces, changing table, etc.).
- Utensils, dishes and cups are cleaned and sanitized in the dishwasher.

Cleaning and Disinfecting Responsibilities of Environmental Services Vendor:

- Environmental Services vendor cleans and disinfects high-touch areas including restrooms at least 3 times per day.
- Environmental Services vendor is prepared to conduct deep cleaning and disinfection in the event of COVID-19 exposure using an EPA product approved to deactivate COVID-19.
- Environmental Services vendor uses EPA cleaning and disinfecting products approved to deactivate COVID-19.

18. Each school reopening plan has written protocol to conduct required school safety drills with modifications ensuring social distancing between persons.

Fire Drills

- Fire drills will be conducted on different days of the week and at different times during the day when different groups are present.
- Fire drills that include evacuation will be conducted on a staggered schedule to minimize contact of students and employees in hallways, stairwells, and at the relocation site. Modified fire drills will be completed for all classrooms during the same day.
- All employees will receive instruction in emergency procedures and participate in evacuation drills while they are in attendance in-person. Face masks will be worn during fire drills.

Lockdown Drills

- Lockdown drills will be conducted on different days of the week and at different times during the day when different groups are present.
- Lockdown drills will be conducted without hiding or sheltering and will provide an overview of how to shelter or hide in the classroom in an actual emergency situation.

Shelter-in-Place Drills

- Shelter-in-Place drills will be conducted on different days of the week and at different times during the day when different groups are present.
- Shelter-in-Place drills will be conducted on a staggered schedule to minimize contact of students and employees in hallways, stairwells, and at the relocation site. Modified shelter-in-place drills will be completed for all classrooms during the same day.

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

Sharon Herl, Principal, is the Safety Coordinator and works in close collaboration with Dr. Alvin Moyer, Interim Chief Medical Officer and Olivia Jackson, Director of Infection Prevention and Occupational Health at the children's center.

- Sharon Herl, Principal
914-294-6171
sherl@setonchildrens.org
- Dr. Alvin Moyer, Interim Chief Medical Officer
914-294-6323
amoyer@setonchildrens.org
- Olivia Jackson, Director of Infection Prevention and Occupational Health
914-294-6486
ojackson@setonchildrens.org
- Elisa Witt, Assistant Principal
914-294-6290
ewittsuarez@setonchildrens.org
- Rosa Sutera, Supervisor of School Nursing Services
914-294-6487
rsutera@setonchildrens.org

FACILITIES

- 1. Each school reopening plan which include changes or additions to facilities must comply with the requirements of the 2020 New York State Uniform Fire Prevention and Building Code (BC) and the State Energy Conservation Code. Such activities may require building permits and review by local municipalities and/or code enforcement officials.**

Not applicable as there will be no changes made to the to the school space. If alterations are required in the future, proposed changes will be submitted for review and approval to the appropriate regulatory agency.

- 2. New construction, renovations, alterations or major repairs in excess of \$100,000 of the total cost must be submitted to CapitalProjects@nysed.gov for program and fiscal review and written approval.**

Not applicable as there will be no new construction, renovations or major repairs at this time. If required in the future, proposed changes will be submitted for program and fiscal review.

- 3. Each school reopening plan which include new facilities must receive prior approval from NYSED via an application to modify an existing program.**

Not applicable as there will are no new facilities. If required in the future, a modification application will be submitted.

4. Ventilation

The facility has a hospital-grade, fully ducted HVAC system with 24/7 reheat, a minimum of six air exchanges per hour and three levels of filtration including HEPA air filters to ensure high air quality; as well as UV lights that kill pathogens since it is co-located with the Elizabeth Seton Children's Center.

CHILD NUTRITION

Students have complex medical conditions and most, with the exception of three students, receive enteral nutrition via gastrostomy tube. Meals are prepared in accordance with Department of Health regulations and are provided by the Nutrition and Dining Services Department of the Children's Center.

TRANSPORTATION

Transportation is not applicable at the Yonkers location as the children are residents at the children's center which is co-located in the same building as the school with the exception of one student who resides at home and is transported to and from school via ambulance. During transport to school, children from the same residential neighborhoods of care are cohorted in the elevators. When they arrive in the classroom, their hands are washed and cleaned. A staggered dismissal schedule was created in which children exit their classrooms at the same time at the conclusion of the school day. No more than four children from the same neighborhood utilize an oversize elevator and no more than three utilize the typical elevator to return to their residential neighborhood. Elevators have social distancing floor markers.

SOCIAL EMOTIONAL WELL-BEING

1. Each school reopening plan addresses how the school will provide resources and referrals to address mental health, behavioral, and emotional support services and programs.

As residents of a pediatric nursing home, our students have experienced more than a 150-day separation from their parents which has been a greater loss and trauma than their return to in-person school. School staff have been alerted to re-engage families as a critical part of reopening school. This is required to support each child's return to normalcy and help them participate to their full potential in their educational program and restore their emotional well-being.

Our psychology team will work closely with the Trauma Informed Care Committee at the children's center to provide ongoing communication and support to students, families and staff during the transition back to school. Communications with children will include ongoing discussions, stories and educational videos and will be at their developmental and grade level. Social-emotional learning will be embedded in the curriculum to address anxiety, separation, illness, grief and loss. Ongoing student screening will ensure that adequate support is provided throughout this transition. Screening will involve monitoring for behavioral or emotional changes, and using clinical judgment and observation to determine if additional support is needed, and will be accomplished through collaboration with teachers and families. Additionally, children who have IEP mandated counseling will continue to receive support and close monitoring in their regular counseling sessions.

2. Each school reopening plan addresses professional development opportunities for faculty and staff on how to talk with and support students during and after the ongoing COVID-19 public health emergency, as well as provide supports for developing coping and resilience skills for students, faculty, and staff.

Staff will receive education on how to talk with students. Sessions will include the following suggestions for talking to children about COVID-19 and returning to school:

- Speak calmly, reassuringly, and positively.
- Remind child that they are in a safe environment.
- Remind child that they will see their teachers and friends.
- Let child know that they can always come to staff with questions, concerns and share their feelings.
- Inform child that school will look different: they may have a different teacher and/or therapists; adults will continue wearing masks; school schedule will be different than before.
- Everyone must remain far apart.
- Remind child of the importance of hand-washing, and coughing/sneezing into their elbow or a tissue (and immediately placing the tissue into the trash).

- Remind child to tell their teacher if they begin to feel ill or differently.

Elizabeth Seton Children's provides an employee assistance program through Corporate Counseling Associates (CCA) which offers a wide range of supports for staff and their families.

SCHOOL SCHEDULES

- 1. Each school reopening plan describes the school schedule planned for implementation at the beginning of the 2020-21 school year and to the extent practicable any contingent scheduling models it may consider if the situation warrants.***

To ensure social distancing between children, there will be four to six students in each classroom. Students that do not come downstairs to the classrooms receive instruction and related services in their bedroom and/or in the community room on their residential neighborhood of care. Students will receive a shortened school day with at least 2 hours of instruction which can include related services as per each student's IEP mandates, to ensure an equitable amount of instructional time for all students.

All staff are direct service providers including teachers, assistants, aides, occupational, physical and speech therapists, psychologists, music staff, physical education teachers and school nurses who provide direct care and IEP mandated services. These individuals are essential to the program and will be present each day for in-person instruction. If circumstances require the transition to a hybrid model of instruction, 50 percent of staff (approximately 50 employees) will work in-person and 50 percent remotely (50 employees). If required to transition to a remote model, 16 to 24 staff, based on Department of Health approval, will be present to facilitate instruction for our students that require full physical assistance to participate in activities while all other staff work remotely. Staff present in the building will be cohorted by the neighborhoods of care.

Students are assigned to either Group A or Group B. Each day approximately half of the students will come downstairs to school while the other half receive instruction and related services on their residential neighborhoods of care. These groups will alternate every other week to ensure that students have an equal opportunity to attend school in their classroom. During transport to school, children from the same residential neighborhoods of care are cohorted in the elevators. Dismissal will be staggered with children from the same neighborhood exiting their classrooms at the same time at the conclusion of the school day. No more than four children from the same neighborhood will utilize the oversize elevator and no more than three will utilize the typical elevator.

Students from the same residential neighborhood of care are cohorted in classrooms. Therefore, in some instances there is a span of greater than 36 months between the youngest and oldest child. All students will receive at least 2 hours of instruction and/or related services per day in accordance with their IEP mandates. Students will alternate weeks between attending school on the first floor one week and then receiving services on their neighborhood the following week. This schedule ensures that all students receive the same amount of time of instruction and all have the opportunity to attend school on the first floor in their classroom.

ATTENDANCE AND CHRONIC ABSENTEEISM

- 1. Each school reopening plan must describe a mechanism to collect and report daily teacher student engagement or attendance while in a remote or hybrid schedule.**

Teacher, student and family engagement are tracked in the following ways:

- Every student has a classroom attendance card that is completed daily; the teacher or teacher assistant documents whether the student was present or absent, and the reason for the absence.
- Every student has a related service attendance card for each service they receive (i.e. occupational, physical and speech therapy; counseling, and skilled nursing) which the provider completes for each session and documents whether the student was present or absent, and reason for the absence.
- Teachers and related service providers write a session note for each child in attendance for both in-person and remote instruction.
- During periods of remote instruction, teachers and related service providers complete a Daily Session Tracker; checking off the name of each student that received instruction and/or related services.
- Principal develops a daily schedule for remote instruction and compares schedule with the Daily Session Tracker to ensure that all services were provided.
- Principal, Assistant Principal and Director of Related Services are included on all invites for distance learning and sign in to view sessions periodically.
- When working remotely, teachers and related service providers complete a remote work log that details the children that received services each day; logs are submitted to the Principal, Assistant Principal and Director of Related Services every Friday.
- Education staff contact families monthly via phone call and/or email and document on both the Family Contact Tracker (during periods of remote instruction) and Transdisciplinary Team Contact Note form.
- Family members are invited to participate in distance learning sessions with participation documented on the Daily Session Tracker.

TECHNOLOGY AND CONNECTIVITY

- 1. Each school reopening plan must include information on how the school will have knowledge of the level of access to devices and high-speed internet all students and teachers have in their places of residence.***

Students are residents at the children's center, with the exception of one student that resides at home, and have access to the internet and technology including iPads, tablets and SMART TVs. The children's center IT Department is readily available throughout the day to address connectivity and technical issues. During remote instruction in spring 2020 all staff had internet access and participated in distance learning. A staff survey will be conducted to determine the availability of a device to participate in remote instruction.

- 2. Each school reopening plan must include information on how the school, to the extent practicable, will address the need to provide devices and internet access to students and teachers who currently do not have sufficient access. Schools must work with placing school districts to accomplish this requirement.***

Students are residents at the children's center, with the exception of one student that resides at home, and all have access to the internet and technology including iPads, tablets and SMART TVs. Based on the results of the survey, staff will be provided with a device to enable them to participate in remote instruction.

- 3. Each school reopening plan must include information on how the school will provide multiple ways for students to participate in learning and demonstrate mastery of Learning Standards in remote or blended models, especially if all students do not yet have sufficient access to devices and/or high-speed internet.***

All students have access to high-speed internet, augmentative communication systems, and devices including televisions both in their bedrooms and community rooms as well as iPads through which they participate in remote instruction using videoconferencing platforms. Each student has a school case with their individual instructional materials to minimize the sharing of supplies. These materials are student specific and support the provision of differentiated instruction.

TEACHING AND LEARNING

- 1. Each school reopening plan includes a continuity of learning plan for the 2020-2021 school year. Such plan must prepare for in-person, remote, and hybrid models of instruction.***

In-Person Instructional Model:

The following is the model for in-person instruction. There are eight residential neighborhoods in the children’s center. Students will be divided into two groups; Group A and Group B. Each group will have approximately half of the students; with four to six students in 13 classrooms. Students that reside on the same neighborhood will be cohorted in classrooms. We will begin the school year by having the students in Group A attend school in the classrooms from 9:00 a.m. to 11:30 a.m. at which time they will be transported back to their residential neighborhoods where they will receive daily care until approximately 12:00 p.m. From 12:00 p.m. to 1:00 p.m. the staff will write session notes, take their lunch break, and the classrooms will be cleaned. At 1:00 p.m. school staff will return to the same neighborhood in which their morning students reside, and will provide instruction and related services for the other half of the students that did not attend school in the morning. During the second week of the school year, Groups A and B will switch, with Group B students coming to school in the morning and Group A students receiving services on their residential neighborhood in the afternoon. The Groups will continue to alternate weeks throughout the school year.

Two of the residential neighborhoods of care have SED approved classrooms. The children that reside on these neighborhoods will continue to attend these classrooms, and will alternate days to ensure social distancing.

Adapted physical education and music services will be provided on a modified schedule that ensures cohorting of students and staff. Lessons for these areas will include activities that students can engage in under the direction of their classroom teacher or other school staff. Social distancing will be maintained between students.

	Monday	Tuesday	Wednesday	Thursday	Friday
WK 1	Group A 9-11:30am in classroom	Group A 9-11:30am in classroom	Group A 9-11:30am in classroom	Group A 9-11:30am in classroom	Group A 9-11:30am in classroom
	Group B 1-3pm on residential neighborhood	Group B 1-3pm on residential neighborhood	Group B 1-3pm on residential neighborhood	Group B 1-3pm on residential neighborhood	Group B 1-3pm on residential neighborhood

WK 2	Group B 9-11:30am in classroom	Group B 9-11:30am in classroom	Group B 9-11:30am in classroom	Group B 9-11:30am in classroom	Group B 9-11:30am in classroom
	Group A 1-3pm on residential neighborhood	Group A 1-3pm on residential neighborhood	Group A 1-3pm on residential neighborhood	Group A 1-3pm on residential neighborhood	Group A 1-3pm on residential neighborhood

Hybrid Instructional Model:

Transitioning to a hybrid instructional model may be necessary as per Executive Order of the Governor, directive from the Department of Health, to address the health and safety concerns of our medically complex student population, and/or due to staff availability. In this model approximately 50 percent of teachers, assistants, aides and related service providers will work with the children in-person while the other 50 percent will provide services remotely. Our students have medical complexity and multiple disabilities, and require physical assistance to engage in activities. Most need an adult by their side to actively participate. School staff present in the building will provide direct instruction and related services and/or assist the students with their lessons and therapy sessions directed by the teacher and clinicians working remotely. Staff will be assigned to the eight neighborhoods based on the number of students residing on each neighborhood. Each student will receive approximately 2 hours of instruction and/or related services per day. Adapted physical education and music services will be provided both in-person and remotely on a modified schedule to ensure cohorting of students and staff.

Residential Neighborhood	# of Students Residing on Neighborhood*	# of Staff Assigned to Neighborhood*
Marine Park	20	7
Sunset Park	15	6
Oakland Beach	15	6
Ellis Island	19	7
Riverside Park	16	6
Cranberry Lake	12	4
Belvedere Castle	20	7
Bryant Park	17	6

*Subject to change based on admissions and discharges at the Elizabeth Seton Children's Center

Remote Instructional Model:

As in the hybrid model, transitioning to a remote instructional model may be necessary as per Executive Order of the Governor and/or directive from the Department of Health to address the health and safety concerns of our medically complex student population.

In the remote model, no more than 16 to 24 school staff, at the approval of the Department of Health, will be in-person with the children on the eight residential neighborhoods of care in the children's center. Because the students do not reside at home, their parents are not present to facilitate distance learning. Given that our children have extremely limited mobility and need an adult present to engage in lessons and related services, some school staff are need in-person to facilitate remote instruction while all other school staff will work from a remote location. Two to three school staff will be assigned to each of the eight residential neighborhoods, and will be designated as essential workers, as the children's center does not have adequate staffing available to facilitate distance learning and sustain this model long term. Even with two or three school staff on each residential neighborhood, minimal instruction and related services will be provided. Asynchronous learning will be provided through educational videos and video recordings made by staff that are related to the curricular theme in the Unique Learning System. These videos will be available to the children in the residence as each community room and bedroom is equipped with a television with an internal channel. Additionally, a list of children capable of independent or semi-independent learning will be developed, and these children will participate in synchronous remote instruction and related services. Adapted physical education and music services will be provided on a modified schedule.

2. Each school reopening plan includes an educational program that is aligned to the New York State Learning Standards regardless if instruction is delivered in-person, remotely or in a hybrid model.

Teachers will continue to utilize the Unique Learning System to plan weekly theme-based lessons. The Unique System provides lessons in all content areas including English Language Arts, Mathematics, Science and Social Studies, and was designed specifically for students with special learning needs. It provides teachers with the tools to design and implement educational plans tailored to the individuality of each student, in accordance with their Individualized Educational Plan, and supports each student to reach goals. Our use of this curriculum is guided by the following principles:

- All children are capable of learning, achieving, and making developmental progress.
- Children develop at varying rates and each child is unique in his/her own development, growth, and acquisition of skills. Appropriate supports and accommodations must be provided to enable all children to succeed.
- Children are active learners. Intentional planning should invite participation, involve multiple contexts and engage the senses to help children explore.
- Family is a significant contributor to children's lifelong learning and development. Actively engaging parents in the education of their children is essential to children's success.

- Children’s backgrounds, heritage, cultures, and linguistic differences should be acknowledged and respected.
- Teaching and learning must be guided by evidenced-based practices and integrate ongoing assessment of children’s progress and needs.

3. Each school reopening plan provides for a program that includes regular substantive interaction between teachers and students whether delivered in-person, remotely or through a hybrid model of instruction.

Students will have substantive contact with teachers as follows:

- In-person model includes daily face-to-face instruction either in the classroom or on the residential neighborhood of care.
- Hybrid model includes daily face-to-face instruction either in-person or synchronous instruction via iPad using videoconferencing platforms.
- Remote model includes daily face-to-face assistance from a facilitator to participate in instruction and/or synchronous instruction via iPad for students capable of independent learning.

4. Equity must be at the heart of all school instructional decisions. All instruction should be developed so that whether delivered in-person, remotely, or through a hybrid model due to a local or state school closure, there are clear opportunities for instruction that are accessible to all students. Such opportunities must be aligned with State standards and include routine scheduled times for students to interact and seek feedback and support from their teachers.

As residents at the children’s center, all students have equal access to the internet and technology. Students will receive at least 2 hours of in-person instruction either in the classroom or on their residential neighborhood each day, and will alternate the location every other week to ensure an equal opportunity to attend school in their classroom. In the event that transition to hybrid or remote instruction is required, students will participate in daily instructional sessions with their teacher both in-person and via asynchronous learning via iPad.

5. Schools must create a clear communication plan for how students and their families/caregivers can contact the school and teachers with questions about their instruction and/or technology. This information needs to be accessible to all, available in multiple languages based on school need, widely disseminated, and include clear and multiple ways for students and families to contact schools and teachers (e.g. email, online platform, and/or by phone).

Communications for our students are provided at their developmental and grade level. Information is shared with parents and legal guardians via telephone, mailings, email, website postings and mass notification system Blackboard Connect. Education staff contact families monthly via telephone and/or email, and family members are invited to participate in in-person and distance learning sessions.

SPECIAL EDUCATION

- 1. Each school reopening plan, whether services are provided in-person, remote, and/or through a hybrid model, addresses the provision of free appropriate public education (FAPE) consistent with the need to protect the health and safety of students with disabilities and those providing special education and services.***

Children with special needs are mandated to receive a Free Appropriate Public Education (FAPE). Guidance from the New York State Education Department indicates that in-person services are a priority for high-needs students and preschool students with disabilities. Whether services are provided in-person, remotely or in a hybrid model, IEPs will be implemented to the greatest extent possible. Frequency, duration, group size and location of related services, as well as class size ratios, may differ from IEP mandates to ensure that all children receive services and to protect the health and safety of students and staff.

- 2. Each school reopening plan addresses how it will document the programs and services offered and provided to students with disabilities as well as communications with parents.***

Services offered and provided to students are documented in the following manner:

- Every student has a classroom attendance card that is completed daily; the teacher or teacher assistant documents whether the student was present or absent, and the reason for the absence.
- Every student has a related service attendance card for each service they receive (i.e. occupational, physical and speech therapy; counseling, and skilled nursing) which the provider completes for each session and documents whether the student was present or absent, and reason for the absence.
- During periods of remote instruction, teachers and related service providers complete a Daily Session Tracker; checking off the name of each student that received instruction and/or related services.
- Principal develops a daily schedule for remote instruction and compares schedule with the Daily Session Tracker to ensure that all services were provided.
- Principal, Assistant Principal and Director of Related Services are included on all invites for distance learning and sign in to view sessions periodically.
- When working remotely, teachers and related service providers complete a remote work log that details the children that received services each day; logs are submitted to the Principal, Assistant Principal and Director of Related Services every Friday.
- School staff contact families at least monthly via phone call and/or email and document on both the Family Contact Tracker (during periods of remote instruction) and Transdisciplinary Team Contact Note form.

- Family members are invited to participate in distance learning sessions with participation documented on the Daily Session Tracker.

3. Each school reopening plan addresses meaningful parent engagement in the parent's preferred language or mode of communication regarding the provision of services to his/her child to meet the requirements of the IDEA. Schools should collaborate with the placing district to accomplish this requirement.

School staff contact families at least monthly via telephone and/or email and document on both the Family Contact Tracker (during periods of remote instruction) and Transdisciplinary Team Contact Note form. Family members are invited to participate in distance learning sessions which is documented on the Daily Session Tracker. Quarterly progress reports are mailed to families, and other information is shared via mailings, email, website postings, mass notification system Blackboard Connect, and Elizabeth Seton Children's Family Advisory Council. Parent-Teacher Conferences are held during the school year to discuss child's program and progress. Family information meetings will be scheduled to share and discuss our re-opening plan.

4. Each school reopening plan addresses collaboration between the committees on preschool special education (CPSE) and committees on special education (CSE) and program providers representing the variety of settings where students are served to ensure there is an understanding of the provision of services consistent with the recommendations on individualized education programs (IEPs), plans for monitoring and communicating student progress, and commitment to sharing resources.

Teachers and related service providers write a session note for each child in attendance for both in-person and remote sessions. Each note includes a description of the child's response to activities and monitors student performance towards IEP goals through quantitative, objective data. Teachers and related service providers also write quarterly progress reports that link evidence-based practices with quantitative data to demonstrate student progress.

5. Each school reopening plan must ensure access to the necessary accommodations, modifications, supplementary aids and services, and technology (including assistive technology) to meet the unique disability related needs of students.

All students have access to high-speed internet, augmentative communication systems, and other devices as specified on their IEP which address their unique instructional needs and provide access to the general education curriculum.

CERTIFICATION, INCIDENTAL TEACHING, AND SUBSTITUTE TEACHING

- 1. Each school reopening plan must ensure that all teachers hold valid and appropriate certificates for their teaching assignments except where otherwise allowable under the Commissioner's regulations (e.g., incidental teaching) or Education Law.***

All school leaders, teachers, teacher assistants and related service providers hold valid and appropriate certifications and licenses for their assignment. Certifications and licenses are verified monthly through the Office of Teaching Initiatives and the Office of the Professions respectively. Teacher assistants holding a valid certification will provide coverage as a substitute teacher in the absence of the teacher. Additionally, our school will continue 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, provided that recruitment efforts are extensive and well documented. Following extensive and documented recruitment efforts, incidental teaching may be used both in classrooms and on the residential neighborhoods of care during the 2020-2021 school year. Cohorting students is accomplished by having students from the same residential neighborhood attend school together. Therefore, this may require a teacher to instruct students in grades that are not covered by his/her certification. If incidental teaching is required it will not exceed 10 hours per week as per regulation.