

The New York Child Learning Institute
Reopening Plan
September 2020

In an effort to ensure the health and safety of all students and staff at the New York Child Learning Institute (NYCLI), the Institute has developed policies and procedures in accordance with applicable law, regulation, and guidance from, amongst other sources, the New York State Education Department (SED), the Department of Health (DOH), the New York City Department of Health and Mental Hygiene, and the United States Center for Disease Control (CDC). The school engaged with school stakeholders and community members, including NYCLI administrators, staff, students, parents/legal guardians, local health departments, and health care providers when developing reopening plans. All staff, students, parents and visitors that attempt to enter the school building will be required to operate in accordance with the policies and procedures herein.

NYCLI has designated a staff member to serve as the COVID-19 safety coordinator whose responsibilities include continuous compliance with all aspects of the school's reopening plan, to allow for operational issues to be resolved before activities return to normal or "new normal" levels.

While NYCLI's goal is to return all students to in-person instruction, due to the dynamic nature and risk of community transmission of COVID-19, in September 2020, NYCLI will offer a combination of in-person instruction and remote learning to facilitate a hybrid model.

The following is a description the New York Child Learning Institute's plan to (1) reopen the school facility for in-person instruction, (2) monitor health conditions, (3) contain potential transmission of the 2019 novel coronavirus (COVID-19), and (4) close the school facility and in-person intervention if necessitated by widespread virus transmission.

Reopening of In-Person Instruction:

Capacity - Beginning in September 2020, NYCLI's reopening plan relies on a hybrid in-person and remote instruction model. Classrooms will be divided into two teams. Classrooms A, C and E will be Team 1. Classrooms B and D will be Team 2. Each week, each team will alternate being provided in-person instruction and intervention and remote intervention. For example, Team 1 will be in-person Monday thru Friday during the week that Team 2 will be receiving remote instruction. Alternatively, the following week, Team 1 will be receiving remote instruction while Team 2 will be provided in-person instruction. In-person instruction and intervention will be provided during the usual school hours of 8:15am and 2:15pm.

By rotating classrooms present during a given week, the Institute can consider (a) appropriate social distancing, (b) the availability of additional instructional staff to assist with staff absences, (c) the presence of trainers to assist as needed, (d) the assurance of PPE availability, (e) a reduction in the number of staff and students entering and exiting the building during start and dismissal times to facilitate proper social distancing, (f) the availability of safe transportation, and (g) local hospital capacity. This cyclic model allows NYCLI the flexibility to systematically increase the number of in-person school days if there is no infection transmission. If infection occurs, the number of in-person days can decrease.

Beginning in September 2020, families will also have the option of having their child receive remote instruction only.

Social Distancing

Whenever possible, the NYCLI leadership team will ensure that staff and children maintain a minimum distance of 6 feet from each other throughout the school day. Distance markers denoting spaces of six feet will be placed in common areas (e.g., screening area; bus drop off and pick up area), arrows indicating direction of traffic flow will be placed on walls, and signage to remind individuals to adhere to physical

distancing requirements will be posted throughout the school building. Students will be provided the training needed to adhere to social distancing requirements.

The leadership team understands that maintaining social distancing is challenging and/or not possible when caring for young children and youth with a diagnosis of autism. The leadership team will implement precautionary measures for their staff who are taking care of young children and youth with autism during the COVID-19 outbreak, including:

Encouraging frequent and thorough hand hygiene for both staff and children;

Staff and child groupings will remain as static as possible by having the same group of children stay with the same staff whenever and wherever possible. Group size will be limited to no more than seven (7) children.

Staff will wear face coverings at all times when interacting with a child, regardless of the distance between the staff and child. Face coverings will not be used by children under 2 or for any student who is unable to medically tolerate such covering, including children who such covering would impair their health or mental health, or where such covering would present challenge, distraction, or obstruction to the child's program.

Staff may consider wearing an over-large button-down, long sleeved shirt, smock, or lab coat and putting long hair up off the collar in a ponytail or other updo. Children and staff should have multiple changes of clothes on hand in the building.

When engaging in physical exercise, staff will keep stable groups of children separated. Staff will focus on activities with little or no physical contact (e.g. running). Sports will be encouraged that involve less physical closeness over sports that are close-contact or involve shared equipment and gear that cannot be cleaned and disinfected between uses. Activities will be encouraged that are lower risk,

such as individual or small group skill-building and conditioning over those that may result in closer, higher-risk contact, such as games. To the greatest extent possible, a distance of twelve feet in all directions will be maintained between individuals while participating in activities resulting in heavy breathing (e.g., participating in gym classes).

Physical distancing requirements will alter the way in which hands-on training is provided by NYCLI trainers. When modeling teaching strategies with classroom staff, trainers will (a) first wash their hands, or use hand sanitizer, (b) alert the staff member that he/she will be stepping in to provide the staff member with an opportunity to step back, and (c) maintain a 6-foot distance from the staff member whenever possible. In addition, staff are encouraged to use alternative modes of communication, such as written notes, electronic messaging, or training via live video stream. When this is not possible, and staff must interact with one another during the day, these interactions will be brief, lasting no more than 10 minutes at a time, and should occur while maintaining physical distancing requirements, and with proper use of PPE.

Essential visitors will be permitted to enter the building only. All deliveries will be dropped off outside of the building. Repair work will be completed when students are not present in the building to the greatest extent possible. If a repair must be made during school hours, no students will be in that area when the repair workers are present. The repair personnel will be required to wear appropriate face coverings and gloves throughout the visit.

The NYCLI leadership team will consider staggering staff arrival times to facilitate proper social distancing.

NYCLI will limit gathering in small spaces (e.g., elevator; supply room; main office; laundry room) by no more than one individual at a time, unless all individuals in such space at the same time are wearing acceptable face coverings.

Personal Protective Equipment (PPE) and Face Coverings

Pertaining to Staff. PPE will be used by NYCLI instructors, administrative staff, and approved visitors to protect themselves, students enrolled, and others, when providing care. PPE helps protect individuals from potentially infectious individuals and materials. Verbal and written communication (signage) will be provided to encourage students, staff and visitors to adhere to CDC and DOH guidelines regarding the use of PPE. Nevertheless, PPE is only effective as one component of a comprehensive program aimed at preventing the transmission of COVID-19.

PPE will be obtained and delivered by AABR's maintenance department, in coordination with NYCLI's Program Director/Principal and Administrative Assistant on an as-needed basis. Director of Maintenance and NYCLI's Administrative Assistant will be in contact with AABR's Director of Nursing and purchasing department regarding requests for additional PPE. Designated staff at NYCLI will ensure an adequate supply of face coverings/masks for school staff, students who forgot their masks, and PPE used by school professionals.

All approved visitors who enter the building will be instructed to wear a facemask during the duration of their visit. The facemask will be provided by NYCLI.

All staff will be required to wear face masks when entering and exiting the building, transitioning through the building, providing instruction or otherwise interacting with students, when in common areas, and when within 6 feet of others. A cloth or disposable mask will be permitted. Masks must cover face mouth and nose.

A gown/coverall/button-down shirt/lab coat/oversized shirt will be encouraged, yet not required, when staff are able to reliably socially distance from students, colleagues and visitors throughout the school day.

A gown/coverall/button-down shirt/lab coat/oversized shirts will be required when staff are less likely to be able to socially distance from students (e.g., young

child requires continual physical guidance during classroom and bathroom activities; youth has a tendency to engage in challenging behavior that often requires adult assistance; student requires assistance during eating meal responses).

Gowns/coveralls/lab coat will be provided by NYCLI and available to each staff member when needed and/or requested.

Pertaining to Students. All students will be taught to wear a face covering, to the extent possible, unless the individual is under the age of 2, or has documentation from a doctor indicating that the use of a mask will inhibit his/her health. NYCLI understands that for many students, wearing a face covering will initially occur for brief periods of time. When possible, students will also be taught to put on, remove, and to appropriately store face coverings.

NYCLI will request that students bring their own face covering to school, but will not require it. NYCLI will supply facemasks to students who do not have or forget their masks. Facemasks must not be shared.

For students who are learning to, or have already learned to wear a face covering for an extended period of time, this will be required during transitions throughout the building and classroom, group activities, and instructional activities that require staff and/or peers to be within 6 feet of the student, to the greatest extent possible. Schedules will be designed to include activities in which students are working independently and maintaining physical distancing to serve as a break from wearing a mask. A student's mask will be removed if it appears to be causing respiratory distress at any point.

Students who do not yet tolerate wearing a facemask will not be permitted to participate in group activities. Any such student will be afforded other, alternative opportunities to participate in whatever group activities they may miss. Close

group activities (e.g., a reading circle) will be entirely avoided. Because face coverings cannot be worn during meals, learners will not be permitted to eat within 6' of one another. Technology (e.g., Zoom or video models) may be used to target mealtime interaction.

Operational Activities;

Classrooms are being reconfigured to ensure appropriate social distancing. Unessential group activities will be temporarily discontinued (e.g., field trips; vocational work in the community; sports activities; lunch outings). Some small group activities involving 2-3 students may continue given that the following conditions are met:

- If a small group activity does occur (e.g., 2-3 children participating in a teacher-directed Smart Board teaching activity; 2-3 children participating in a leisure book-reading activity), face coverings will be required by all staff and students for the duration of the activity.
- Group activities that do occur will require social distancing as defined as at least 6 feet apart from each other when possible.
- Shared items will be eliminated to the greatest extent possible. When a shared item is used, such as a bicycle or a swing, it will be sanitized after each use with approved disinfectant.
- Immediate contact is to be discouraged between individuals, such as shaking hands, holding hands, hugging, or kissing.

Staff will ensure that different stable groups of up to 7 children have no or minimal contact with one another or utilize common spaces at the same time, to the greatest extent possible. The leadership team will maintain a staffing plan that does not

require employees to “float” between different classrooms or groups of children, unless such rotation is necessary to safely supervise students (e.g. staff absence).

During mealtime activities, social distancing will be required. This may be accomplished by staggering meals across learners and/or by having students consume meals in areas other than the dining area (e.g., eating at desk). Efforts will be made to stagger meals for individuals requiring manual guidance and assistance during meal consumption.

To ensure social distancing during staff training activities, videoconferencing or teleconferencing will be used whenever possible. If in-person onsite training is provided, effort will be taken to ensure that participants remain a minimum distance of 6 feet from each other. Participants will wear appropriate face coverings throughout the duration of the training.

Restart Operations

Ventilation

NYCLI will increase ventilation with outdoor air to the greatest extent possible (e.g., opening windows and doors) while maintaining health and safety protocols.

Hygiene, Cleaning, and Disinfection

Hand Washing Policy

Hand washing is the most effective strategy for reducing the spread of COVID-19. Proper hand washing saves lives at work as well as at home. Germs can spread from other people or surfaces when:

- Touching your eyes, nose, and mouth with unwashed hands;
- Preparation of food and drinks with unwashed hands;
- Touching a contaminated surface or object;
- Blowing your nose, coughing, or sneezing into your hands and then touching other people’s hands or common objects.

All staff at NYCLI must wash hands:.

- Upon arrival to work;
- Contact with potentially infectious material;
- Before donning (putting on) and after doffing (removing) PPE, including gloves. Hand hygiene after doffing PPE is particularly important, to get rid of any germs that might have been transferred to bare hands during the removal process.
- Before handling medications (e.g., epi pen);
- Before and after assisting individuals with personal hygiene (e.g., toileting; bathing; wound care; etc.);
- Before, during, and after preparing food;
- After using the bathroom;
- After coughing, sneezing, or smoking;
- After touching garbage;
- Before leaving work;
- After you have been in a public place and touched an item or surface that may be frequently touched by other people, such as door handles, tables, gas pumps, shopping carts, or electronic cashier registers/screens, etc.
- Before touching your eyes, nose, or mouth

When washing hands, the following protocol will be followed:

- Wet your hands with clean, running water (warm or cold), and apply soap;
- Lather your hands by rubbing them together with the soap. Lather the backs of your hands, between your fingers, and under your nails;
- Scrub your hands for at least 20 seconds;
- Rinse your hands well under clean, running water;
- Dry your hands using a clean paper towel or air dry them;
- Use a paper towel to turn off faucet.

NYCLI students will be taught to safely and correctly engage in hand washing responses using the above protocol.

Use of Hand Sanitizer

If soap and water are not readily available, you can use an alcohol-based hand sanitizer that contains at least 60% alcohol. You can tell if the sanitizer contains at least 60% alcohol by looking at the product label.

Staff should perform hand hygiene by using hand sanitizer containing at least 60% alcohol or washing hands with soap and water for at least 20 seconds. If hands are visibly soiled, use soap and water, to clean hands.

Sanitizers can quickly reduce the number of germs on hands in many situations.

Nevertheless,

- Sanitizers do not get rid of all types of germs.
- Hand sanitizers may not be as effective when hands are visibly dirty or greasy.
- Hand sanitizers might not remove harmful chemicals from hands like pesticides and heavy metals.

When using hand sanitizer, the following protocol will be used:

- Apply the gel product to the palm of one hand (read the label to learn the correct amount);
- Rub your hands together;
- Rub the gel over all the surfaces of your hands and fingers until your hands are dry. This should take around 20 seconds.

NYCLI students will be taught to safely and correctly engage in using hand sanitizer responses using the above protocol.

Student use of alcohol-based hand sanitizers will be supervised by NYCLI staff to minimize accidental ingestion and to promote safe usage.

NYCLI will make hand sanitizer available throughout common areas (e.g., lobby; main office). Hand sanitizers will be placed in convenient locations, such as in classrooms, entrances and exits. Touch-free hand sanitizer dispensers will be installed where possible.

If a parent/guardian sends in a written notice to NYCLI stating that he/she does not want his/her child to use alcohol based hand sanitizer, that child will not be provided access to hand sanitizers, and will be provided accommodations to wash hands with soap and water as needed throughout the school day.

Respiratory Hygiene

COVID-19 virus spreads from person to person in droplets produced by coughs and sneezes. Therefore, it is important that NYCLI students and staff cover their mouths and noses with a tissue when coughing or sneezing and dispose of the tissue appropriately.

NYCLI students will be taught to correctly engage in respiratory hygiene (e.g., using a tissue when sneezing).

Cleaning and Disinfecting

Cleaning and disinfection are the primary responsibility of NYCLI's custodial staff. Nevertheless, NYCLI will provide appropriate cleaning and disinfection supplies to staff for shared and frequently touched surfaces:

Cleaning supplies will be made available to staff throughout the building so that commonly used surfaces (e.g., keyboards, desks, remote controls) can be disinfected before and/or after use, followed by hand hygiene.

Throughout the school day, and at the end of the school day, all "high-touch" surfaces, such as counters, tabletops, doorknobs, bathroom fixtures, toilets, phones,

keyboards, and tablets will be disinfected. Toys will be regularly cleaned and disinfected using registered disinfectants.

In addition, a staff member on each floor will be assigned the responsibility of disinfecting all high touch surfaces multiple times throughout the school day on the floor assigned. The designated staff member will disinfect all items on a disinfecting checklist and will initial each item upon completion.

Bathroom doorknobs are prime locations for germ transmission. Bathrooms will be disinfected after every use.

To reduce germs on high-touch surfaces, NYCLI will install touch-free amenities, such as trash receptacles, paper towel dispensers, soap dispensers, and hand sanitizer dispensers where feasible.

Surfaces that may have blood, stool, or body fluids on them will be cleaned immediately. A hospital grade cleaning spray will be used according to the label instructions. Staff will be instructed to read product instructions for safe and effective use of the cleaning product, including precautions that should be taken when applying the product, such as wearing gloves and opening windows to ensure good ventilation during use of the product.

Staff should wear disposable gloves while handling soiled items and keep soiled items away from the body. Staff should clean their hands with soap and water or an alcohol-based hand sanitizer immediately after removing gloves.

All used disposable gloves, facemasks, and other contaminated items will be placed in a designated lined container. Staff will clean their hands with soap and water or an alcohol-based hand sanitizer immediately after handling these items. Soap and water should be used if hands are visibly dirty.

Cleaning and disinfection will be rigorous and ongoing and will occur at least daily, or more frequently as needed. NYCLI will follow CDC guidance.

NYCLI will ensure that equipment used by staff (e.g., copy machine; fax machine) are regularly cleaned and disinfected using registered disinfectants (products registered in New York State and identified by the EPA as effective against COVID-19)

Extracurriculars

At this time, community outings during school hours will be temporarily discontinued (e.g., field trips; work at vocational training sites; use of public transportation; trips to the local market).

Before and aftercare

Parent training services will continue to be provided virtually to reduce contact between staff and families. No in-person home visits will be conducted at this time. In-person school visits will not be permitted. All parent meetings will be conducted virtually or via phone, and parental consent will be obtained via digital signatures and/or email confirmation.

Vulnerable Populations

Vulnerable populations include students and staff who are at increased risk for severe COVID-19 illness, and/or individuals who may not feel comfortable returning to an in-person educational environment, and/or individuals who live with a person at high risk. To better enable such individuals to safely participate in educational activities, the following accommodations might be taken into account:

- remote learning or telework;
- modified educational or work settings;
- use of additional PPE to individuals with underlying health conditions.

Any modifications made are done so to minimize COVID-19 exposure risk for students and staff to the greatest extent possible;

Transportation

It is the school's policy that transportation will not be provided during the COVID emergency via the school's van.

Nevertheless, there may be an emergency reason that a student/staff member will need to be transported via the school van. Special precautions will be taken to help protect from illness:

- All staff/students will be required to wear a face mask at all times while in the vehicle, and while transitioning into and out of the vehicle, unless the individual (a) is under the age of 2, (b) has documentation from a doctor indicating that the use of a mask will inhibit his/her health, and/or (c) appears to be experiencing respiratory distress.
- As much as possible, the driver will be separated from the student/staff. It is preferable to use a larger vehicle such as a van as opposed to a smaller car, to increase distance between individuals.
- If another staff member is in the vehicle to help ensure the student's safety, the staff member will sit as far away from the individual and driver as is safely possible. Any other staff members in the vehicle will also wear a facemask.
- When driving at a low speed, weather permitting; the vehicle's windows will remain open to maximize ventilation. At higher speeds where sheer wind forces may interfere with wearing a facemask, climate control systems will be used in a non-recirculating setting (air should blow in from outside the vehicle) with the fan on its maximum setting. At high speeds, side windows may be opened to create positive air pressure inside the vehicle and promote recirculation of the same air.

- As much as possible, avoid transporting more than one individual at a time. If this is not possible, always attempt to maximize distance between all individuals in the vehicle, including when entering and exiting the vehicle.
- Staff and students will be reminded to not touch their faces and to wash their hands (or use hand sanitizer with at least 60% alcohol) immediately prior to travel and as soon as possible after reaching their destination.
- After the return trip, the staff and student(s) should change and wash their outer clothes.
- Students with confirmed or suspected COVID-19 illness should remain in the school's isolation room and should not be transported unless absolutely necessary.

Food Services

To better ensure the safety of the students enrolled and instructional staff, the following dining policies will be put in place:

- Social distancing will be required. This may be accomplished by staggering meals across learners and/or by having students consume meals in areas other than the dining area (e.g., eating at desk).
- All sharing of food and beverages is prohibited.
- As much as possible, students will bring their lunches to school each day, preferably in a brown paper bag. Needed cutlery and napkins will be included in the paper bag. As much as possible, parents will be advised to send all foods in disposable containers. If containers are not disposable, after the meal, containers will be placed in brown bags/plastic bags and returned in the child's book bag at the end of the school day.

- Parents will be encouraged to send in foods that do not require student/staff use of common items (e.g., microwave; convection oven).
- Efforts will be made to stagger meals for individuals requiring manual guidance and assistance during meal consumption.
- Staff will change gloves when transitioning between individuals when assisting with meals.

Mental Health, Behavioral, and Emotional Support Services and Programs

Available resources and referrals will be provided to staff, students and parents to address mental health, behavioral, and emotional needs of students and staff when school reopens for in-person instruction (e.g., how they will identify and support students having difficulty with transitioning back into the school setting, especially given the changed school environment). Staff will participate in trainings on how to (a) talk with students, and (b) support students during and after the ongoing COVID-19 public health emergency. Students and staff will also participate in trainings on how to develop coping and resilience skills.

Communication

NYCLI administrators, staff, students, parents/legal guardians of students, local and state health departments, local health care providers, and legal counsel were involved in developing reopening plans.

NYCLI's parent body will be informed about school policies and will be provided needed information via webpages, verbal conversation, text, and group emails. NYCLI will provide communication in the language spoken at home among families and throughout the school community.

The NYCLI clinical team will ensure that all students are taught how to follow new COVID-19 protocols safely and correctly, to the extent possible, including but not

limited to hand hygiene, proper face covering wearing, social distancing, and respiratory hygiene.

Signage will be posted throughout the school building, and verbal reminders will be provided throughout the school day to inform and remind staff, students and visitors to:

- O Stay home if they feel sick.
- O Cover their nose and mouth with an acceptable face covering when unable to maintain social distance from others or in accordance with school policy.
- O Properly store and, when necessary, discard PPE.
- O Adhere to social distancing instructions.
- O Report symptoms of, or exposure to, COVID-19, and how they should do so.
- O Follow hand hygiene, and cleaning and disinfection guidelines.
- O Follow respiratory hygiene and cough etiquette.

A designated staff member will be (a) the main contact upon the identification of positive COVID-19 cases and (b) responsible for subsequent communication. This designated staff person will be responsible for answering questions from students, staff, and parents or legal guardians of students regarding the COVID-19 public health emergency and plans implemented by the school.

Staff Trainings Related to COVID-19

NYCLI Staff will receive training in the following manner;

- Video conferencing or teleconferencing whenever possible;
- in-person on site training will be provided when necessary. If training is provided on site, effort is taken to ensure that participants remain a minimum distance of 6 feet from each other. Participants will wear appropriate face coverings throughout the duration of the training.
- handouts will be provided as needed to ensure that materials are provided for reference at a later time.

- Administration will post signs throughout the building, consistent with DOH COVID-19 signage. Signage will be used to remind staff, students and visitors to: cover their nose and mouth with a mask or cloth face-covering; properly store and, when necessary, discard PPE; adhere to physical distancing instructions; report symptoms of or exposure to COVID-19, and how they should do so; follow hand hygiene and cleaning and disinfection guidelines; and follow appropriate respiratory hygiene and cough etiquette.

Technology and Connectivity

Sufficient access to computing devices (e.g., laptop; desktop; Chromebook; iPad; full-size tablet) and reliable access to high-speed internet is essential for educational equity. NYCLI will have knowledge of the level of access to devices and highspeed broadband all students and instructors have in their places of residence.

To the extent possible, NYCLI will provide devices and internet access to students and instructors who currently do not have sufficient access.

To the extent possible, NYCLI will provide students multiple ways to participate in learning opportunities, especially if all students do not yet have sufficient access to devices and/or high-speed internet. For example, paper-and-pencil worksheets, along with textbook, readers and workbooks may be provided to students/parents. NYCLI staff may provide work binders for students to be picked up by families at the school building and/or mailed to families.

Teaching and Learning

NYCLI will ensure that each student has an Individualized Education Plan (IEP) during the 2020-2021 school year. Each IEP will encompass responses and activities that will be targeted during remote and/or in-person instruction.

To the extent possible, instruction at NYCLI will continue to be aligned with outcomes in the New York State Learning Standards.

NYCLI will ensure that all instructional materials are developed so that whether delivered in-person or remotely, there are clear opportunities for instruction that is accessible to all students. Students will have clear scheduled times to interact and seek feedback and support from their classroom instructors.

NYCLI students will be provided regular and substantive interaction opportunities with their instructors, regardless of whether receiving in-person or remote instruction.

Students and/or parents will be able to contact classroom instructors at specified periods of time throughout the school day to answer questions about instruction and/or technology. Questions may be presented and answered via phone, email and/or text.

Attendance and Chronic Absenteeism

Staff:

While providing in-person intervention at the school, staff will report to the building at a designated time. Attendance will be based on physical presence in the building.

While providing remote intervention, staff will document and keep a log of their daily activities including, but not limited to, interactions with students, their daily interactions with staff, their daily interactions with colleagues, creating curriculum, graphing, and displaying child performance data, and analyzing data. Attendance will be based on participation in instruction on a given day.

Students:

NYCLI will be flexible when monitoring attendance in a remote model. COVID-19 related issues, parent schedules, availability of technology or other barriers may preclude students from connecting with classroom staff at a certain time.

Safety Drills

NYCLI will continue to conduct the required evacuation and lockdown drills each school year. NYCLI will modify its drill procedures to minimize risk and spread of infection. Nevertheless, in an actual emergency that requires an evacuation or lockdown, the most imminent concern will be to get to safety; maintaining social distancing in an actual emergency that requires evacuation or lockdown may not be possible and should not be the first priority.

Modification to Evacuation Drill Protocols:

NYCLI may conduct drills on a “staggered schedule,” where classrooms evacuate separately rather than all at once, and appropriate social distancing is kept between students at the evacuation site. By staggering the classrooms, NYCLI will minimize contact of students in hallways, stairwells, and at the evacuation site.

NYCLI will ensure that if conducting a modified procedure, the drill will be conducted with all students in the school building on that day.

NYCLI will be certain that all students and staff are receiving instruction in emergency procedures, and are participating in drills while they are in attendance in-person.

Modifications to Lockdown Drills:

NYCLI will conduct lockdown drills in classroom settings while maintaining social distancing and using masks.

NYCLI may conduct lockdown drills on a “staggering” schedule with smaller numbers of students present to maintain social distancing, however, NYCLI will be

certain that all students and staff are receiving instruction in emergency procedures and participating in drills while they are in attendance in-person.

NYCLI may conduct lockdown drills in classrooms without “hiding”/”sheltering’ but provide an overview of how to shelter or hide in the classroom.

Monitoring Health Conditions:

Screening;

The on-site screening questionnaire will not be handed to individuals to complete. The questions will be asked and the screener will attempt to maintain a distance of 6 feet while asking the questions.

NYCLI staff will be encouraged to complete a remote screening questionnaire (e.g., electronic checklist) before reporting to school, to the extent possible.

- If screening occurs at the school facility, entry-screening staff **MUST** be present at the front entrance. Coverage will be continuous and nobody will be allowed in the building without screening by assigned staff. All staff and students will enter through the front door. The front door will be used to enter the building only. The back doors will be used to exit the building only. All doors will continue to be locked from the outside;
- Access to the building will be restricted to employees and students only. Parents who drop off and/or pick up their children will not be allowed inside the building, except in case of an emergency. Upon arrival, the parent will call the school number, 718-445-0752, to inform the school that the child is outside. Parent will be informed that they are to wear a face covering when dropping off or picking up their child. A classroom staff member will exit a back door, walk around to the front door using the driveway on side of the school building, and greet and accept the child on the sidewalk in front of the

school building. All possible efforts will be taken to remain a minimum of six feet from the parent and student. Staff will review the student's symptom checklist, and escort the student to the bathroom so that the staff member and student can wash his/her hands.

- At dismissal, the parent will call the school number, 718-445-0752, and inform the school that he/she is outside and ready to receive the child. A classroom staff member will escort the child out of the building via a rear door, around to the front of the building using the driveway on the side the school building, and to the parent or previously agreed upon care provider;
- Limited access will be allowed for essential delivery services (e.g., elevator repair; copy machine vendor; water delivery) and health and medical personnel. No other visitors or deliveries will be allowed in the building.
- Prior to entry, all staff, essential delivery service providers, health and medical personnel, and visitors must be asked the Initial Screening Questionnaire AND a temperature check MUST be conducted. Temperature is taken by designated staff and/or freestanding device with facial-recognition capabilities.
- Individuals who answer YES to any question on the Initial Screening Questionnaire OR have a temperature of 100 °F or higher OR refuse to participate in the screening process must be denied entry into the facility, or sent directly to a dedicated area prior to being picked up or otherwise sent home.
- Temperatures will be logged on temperature/symptom chart for staff. "Fever absent" will be scored to indicate temperature below 100 °F. "Fever present" will be scored to indicate temperature at or above 100 °F.

- Staff/Visitors will respond to a remote screening questionnaire or an in-person symptom check prior to entry into the building. They are to be asked the following: *sore throat, shortness of breath, cough, chills, body aches for unknown reasons, shortness of breath for unknown reasons, fatigue, muscle aches, headache, congestion or runny nose, nausea or vomiting, diarrhea, loss of smell, loss of taste, poor feeding or appetite, rash, and/or chills. If yes to any of the questions, staff/visitor will be asked to leave building. Human resources and the leadership team will be notified immediately.*
- Staff/Visitors will also be asked if he or she has (a) knowingly been in close or proximate contact in the past 14 days with anyone who has tested positive through a diagnostic test for COVID-19 or who has or had symptoms of COVID-19; (b) tested positive through a diagnostic test for COVID-19 in the past 14 days; (c) has experienced any symptoms of COVID-19, including a temperature of greater than 100.0°F, in the past 14 days; and/or (d) has traveled internationally or from a state with widespread community transmission of COVID-19 per the New York State Travel Advisory in the past 14 days. *If yes to any of the questions, staff/visitor will be asked to leave building. Human resources and the leadership team will be notified immediately.*
- If, at any point, a staff begins to feel ill or show any relevant symptoms, they are to inform the NYCLI leadership team. He/She is to be sent home and Human Resources contacted for further guidance. Staff will also be instructed to contact their medical provider and local health department for further direction, which may include quarantine and/or testing.
- Staff who are directed by their local health department/medical provider to quarantine pending test results must notify human resources and leadership team.

- All staff that have worked in close proximity with the presumed infected staff member should contact the health department/medical provider to determine if they should also be quarantined.

Screen Children Upon Arrival

Parents will be encouraged to be on the alert for signs of illness in their children and to keep them home when they are sick. Parents will be asked to take the child's temperature and to complete a screening checklist prior to leaving the home in the morning.

If a parent drops off a child in the morning, NYCLI designated staff will ask to confirm that the child does not have a fever, shortness of breath, or cough, and that the parent has completed the remote screening checklist.

If a child takes the bus in the morning, parents will be asked to complete and return a symptoms checklist prior to bus arrival to confirm that the child does not have a fever, shortness of breath or cough. If the parent does not complete the symptoms checklist, a designated staff member will call the student's parent to obtain the necessary information regarding the screening.

Parents should not send their child to school with a temperature of 100 °F or greater, or if any symptoms on the screening checklist are marked, "yes." Parents should also alert the school *immediately* if the student or a household member begins experiencing symptoms.

Upon arrival, NYCLI screener and classroom staff member will make a visual inspection of the child for signs of illness which could include flushed cheeks, rapid breathing or difficulty breathing (without recent physical activity), fatigue, or extreme fussiness.

If a parent is dropping off his or her child, and if a parent has not completed a daily screening checklist, the parent will be asked the screening checklist questions prior to allowing the student entry into the school building.

In addition, all students will have their temperature checked upon arrival at the school building. The screener will:

- Perform hand hygiene;
- Wash hands with soap and water for 20 seconds. If soap and water are not available, use a hand sanitizer with at least 60% alcohol;
- Put on disposable gloves. The NYCLI screener will be using non-contact (temporal) thermometers or a freestanding device with facial recognition capabilities, and will not have physical contact with the child. The screener will not be required to change gloves before each check.
- If using a hand-held non-contact thermometer, the screener will check the child's temperature, reaching around or through the partition;
- The screener will ensure that his/her face remains behind the partition at all times during the screening.

Staff will also conduct visual screenings of students throughout the course of the school day.

Testing Protocols;

Any individual, who screens positive for COVID-19 exposure or symptoms, will be immediately sent home with instructions to contact his or her health care provider for assessment and testing.

NYCLI will NOT allow staff who have been exposed to a confirmed case of COVID-19, and/or who have traveled internationally or from a state with widespread community transmission of COVID-19 per the New York State Travel Advisory in the past 14 day to return to work until all of the following conditions are met:

- *Symptom-based strategy*. Exclude from work until:
 - At least 3 days (72 hours) have passed *since recovery* defined as resolution of fever without the use of fever-reducing medications **and** improvement in respiratory symptoms (e.g., cough, shortness of breath); **and**,
 - At least 10 days have passed *since symptoms first appeared*
- Personnel who are severely immunocompromised as a result of medical conditions or medications are to consult with a healthcare provider before returning to work.
- If a staff member is asymptomatic but tested and found to be positive, they must maintain isolation for at least 10 days after the date of the positive test and, if they develop symptoms during that time, they must maintain isolation for at least 10 days after illness onset and must have been at least 72 hours fever-free without fever reducing medications and with other symptoms improving.

Staff with laboratory-confirmed COVID-19 who have not had any symptoms

- *Time-based strategy*. Exclude from work until:
 - If a staff member is asymptomatic but tested and found to be positive, they must maintain isolation for at least 10 days after the date of the positive test and, if they develop symptoms during that time, they must maintain isolation for at least 10 days after illness onset and must have been at least 72 hours fever-free without fever reducing medications and with other symptoms improving.
 - Personnel who are asymptomatic but tested and found to be positive and return to work after 10 days must wear a facemask while working.
- *Test-based strategy*. Exclude from work until:
 - Negative results of an FDA Emergency Use Authorized COVID-19 molecular assay for detection of SARS-CoV-2 RNA from at least two consecutive respiratory specimens collected ≥ 24 hours apart (total of two negative specimens).

- If staff had COVID-19 ruled out and have an alternate diagnosis (e.g., tested positive for influenza), criteria for return to work should be based on that diagnosis.
- Staff will be required to immediately disclose to designated staff member if and when his or her responses to any of the health screening questions changes, such as if they begin to experience symptoms, including during or outside of school hours.
- A designated staff member will be in contact with the local health department(s), about the requirements for determining when individuals, particularly students, who screened positive for COVID-19 symptoms can return to the in-person learning environment. This returning to learning protocol must include at minimum, documentation from a health care provider evaluation, negative COVID-19 testing, and symptom resolution, or if COVID-19 positive, release from isolation.
- A designated staff member will ensure that any staff member performing in-person screening activities, including temperature checks, are appropriately protected from exposure to potentially infectious individuals entering the facilities. Staff performing screening activities will be trained by employer-who is familiar with CDC, DOH, and OSHA protocols.
- Screeners should be provided and use PPE, which includes at a minimum, an acceptable face covering or mask, and may also include gloves, a gown, and/or a face shield.

Testing Responsibility

NYCLI will identify who in the community is responsible for referring, sourcing, and administering testing (e.g., local testing sites; physician offices; hospital system), particularly in the event that large-scale testing at the school is needed.

Early Warning Signs;

NYCLI will be alert that positive COVID-19 cases may be increasing beyond an acceptable level in the school setting, as defined by state and local health departments.

If/when COVID-19 cases are discovered at school, areas of the school building, classes where individuals were infected, or more broadly the entire school, may be closed after consultation with the local health department.

Designated parties may choose to modify operations prior to instituting school-wide closures to help mitigate a rise in cases.

Designated parties must notify the state and local health department immediately upon being informed of any positive COVID-19 diagnostic test result by an individual in school facilities or on school grounds, including students, staff, and visitors.

Containment of Potential Transmission of the 2019 Novel Coronavirus (COVID-19):

School Health Offices;

NYCLI has a room identified where staff and students with symptoms of COVID-19 can be isolated from others until they can go home or to a health care facility, depending on severity of illness.

Isolation

Students confirmed or suspected of having COVID-19 should be immediately escorted to the isolation room. The staff member currently assigned to work with the student in the classroom will escort the student to the isolation room, unless a previously agreed upon staff member in the classroom has already been identified for the task. A staff member who is immunocompromised should not escort the

student and should not be in the isolation room with a student who is infected with or presumed to be infected with COVID-19 at any time.

Once in the isolation room, the following events should occur:

- Doors to the isolation room leading to other rooms should be closed immediately.
- Signage on outside of doors leading to other rooms should indicate isolation room in use, do not enter.
- Weather permitting, while in isolation room, door/window leading to the outside should remain open.
- Once safely in the isolation room, parent/caregiver is notified and instructed to pick up child. Parent/caregiver is instructed to drive around to the back of the school building, to wear a facemask, and to call when ready to receive child. NYCLI staff member will escort child out of building.
- If student is older than 2-years of age, student should be encouraged to wear a face covering, unless they are not able to tolerate wearing one (e.g., wearing face mask evokes tantrum behavior).
- Staff member should wear the following personal protective equipment while in the isolation room and while caring for an individual with suspected or confirmed COVID-19:
 - Facemask;
 - Goggles or Face shield;
 - Gloves; and
 - Gown.
- Facemasks:
 - Wear the same facemask throughout the duration of the escort to the isolation room and while in the isolation room. Change mask only when soiled, wet, or damaged. Do not touch the facemask.

- Staff are to put on a new disposable facemask once student has left isolation room and has been picked up by parent/primary care provider.

• Goggles or Face Shield:

- Put on eye protection (e.g., goggles or a disposable face shield that covers the front and sides of the face) upon entry into the isolation room. Personal eyeglasses and contact lenses are NOT considered adequate eye protection.
- Remove eye protection before leaving the isolation room.
- Goggles/face shield are to be cleaned with a sanitizing wipe or approved disinfectant, following use.
- Goggles/Face shield are to be assigned to each staff person, and should be reused until in visibly poor condition.
- Goggles/Face shields are to be stored in a zip-lock bag, labeled with the staff's name. Goggles/Face shields are to be left in a designated location assigned by leadership team.

• Gloves:

- Wear the same gloves throughout the duration of the escort to the isolation room and while in the isolation room. Change gloves only when soiled, wet, or damaged.
- Staff are to remove gloves once student has left isolation room and has been picked up by parent/primary care provider. Once removed, staff are to wash hands with soap and water immediately after removing gloves.

• Gown:

- Wear the same gown throughout the duration of the escort to the isolation room and while in the isolation room. Discard and change gown only when soiled, wet, or damaged.
- Staff are to remove and discard gown in PPE receptacle once student has left isolation room and has been picked up by parent/primary

care provider. Once removed, staff are to wash hands with soap and water immediately after removing gloves.

Collection;

Parent/caregiver will be notified and instructed to pick up child. Parent/caregiver will be instructed to drive around to the back of the school building and to call when ready to receive child. NYCLI staff member will escort child out of building. The parent will be instructed to wear a face covering when receiving child.

Infected Individuals

It is important that any person who has tested positive (a) complete isolation, (b) recover, and (c) not transmit COVID-19 when returning to in-person learning. Discharge from isolation and return to school will be conducted in coordination with the local health department.

Exposed Individuals:

Individuals who were exposed to the COVID-19 virus will be (a) required to complete quarantine, and (b) not have developed symptoms before returning to in-person learning. Discharge from quarantine and return to school will be conducted in coordination with the local health department;

Hygiene, Cleaning, and Disinfection:

Close off areas used by the person suspected or confirmed to have COVID-19, including the isolation room. Affected areas will be closed off, cleaned and disinfected.

Shared building spaces used by the individual will also be shut down, cleaned and disinfected (e.g., elevators; lobbies; outdoor common space; lobby; stairways; copy machines; bathrooms).

Open outside doors and windows to increase air circulation in the area, to the extent possible while maintaining all health and safety standards.

NYCLI will wait 24 hours before cleaning and/or disinfecting. If 24 hours is not feasible, NYCLI will wait as long as possible.

Once the area has been appropriately cleaned and disinfected, it can be reopened. Staff without close or proximate contact with the person suspected or confirmed to have COVID-19 can return to the work area immediately after cleaning and disinfection.

Contact Tracing;

Staff member who displays relevant symptoms must report his/her own symptoms to a designated staff member. If a staff member is experiencing symptoms, s/he will be asked to leave immediately.

Staff and parents are required to report symptoms experienced by a student to designated staff member. Students will be required to be isolated, with appropriate care and supervision, until a parent or caregiver arrives. To the greatest extent possible, students will be required to wear a mask while isolated.

A log will be maintained in each classroom daily to include staff, parents/guardians, students, and any essential visitors who may have close or proximate contact with other individuals at the work site or area; excluding deliveries that are performed with appropriate PPE or through contactless means. Close contact is defined as having been less than six feet from an individual for ten (10) minutes or more. A log will contain contact information, such that all contacts may be identified, traced and notified in the event a staff, parent/guardian, student or visitor is diagnosed with COVID-19.

NYCLI will maintain the confidentiality of any individual diagnosed with COVID-19, unless required or ordered by any relevant authority to disclose. NYCLI will alert staff and families if there are concerns regarding transmission.

NYCLI's designated staff member will notify the state and local health department immediately upon being informed of any positive COVID-19 test result by a staff member, student or visitor in the building.

In the case of a staff member, parent/guardian, or student testing positive, the designated staff member will cooperate with the state and local health department as required to trace all contacts in the workplace, and the state and local health department where the site is located must be notified of all individuals who entered the site dating back to 48 hours before the staff, parent/guardian, or student first began experiencing COVID-19 symptoms or tested positive, whichever is earlier. Confidentiality must be maintained as required by federal and state law and regulations.

State and local health departments may, under their legal authority, implement monitoring and movement restrictions of infected or exposed persons including home isolation or quarantine. Individuals who are alerted that they have come into close or proximate contact with a person with COVID-19, and have been alerted via tracing, tracking or other mechanism, are required to self-report to the designated staff member at the time of alert and shall follow the protocol referenced above.

Communication.

Protocols and safety measures taken by the school will be shared by all relevant parties including parents/legal guardians, staff, students and the local community.

Closure of the School Facility:

If infection occurs, the following contingency plans and procedures will be put into place for decreasing the scale or scope of in-person education, and/or closing the school.

Closure Triggers:

NYCLI's decisions to reduce in-person education and/or close the school building is made in conjunction with the state and local health departments. The following conditions may warrant such reductions and/or closure:

- increase in COVID-19 cases in a classroom;
- increase in COVID-19 cases across classrooms;
- increase COVID-19 symptoms in a classroom staff and/or students;
- increase in COVID-19 symptoms across classroom staff and/or students;
- increase in staff absenteeism;
- increase in student absenteeism;
- Governor's Order to close schools due to surge of COVID-19 cases; and/or
- Inability of the Department of Transportation to safely transport students to the school facility.
- Additional reason for school closure:
 - * Snow Emergency

Operational Activity:

NYCLI staff will ensure that students and their families have sufficient educational materials prior to any decisions to reduce in-person education and/or to close the facility.

In the event that decisions are made to reduce in-person education and/or to close the school building, students will participate in remote learning opportunities on days that otherwise would have been in person. Parents will be immediately notified about decision via phone call, text, and/or email.

Communication:

During remote instruction, and/or in the event that decisions are made to reduce in-person education and/or to close the school staff, students, and parents will communicate in the following manner:

- (a) NYCLI classroom staff may mail or email a packet of individualized educational curriculum to each student's home;
- (b) NYCLI classroom staff will contact each family via phone to discuss individualized ways that NYCLI can help the family and the child during the remote learning process;
- (c) In conjunction with the parents, NYCLI classroom staff will create an individualized daily schedule for each child to follow each remote learning day;
- (d) NYCLI classroom staff will create a list of online educational resources that each family can access during remote learning;
- (e) NYCLI classroom staff will ensure that the family/parent has the phone numbers and email addresses of key members of the classroom team, the school's general email address, and the principal's email address;
- (f) NYCLI classroom staff will ensure that each classroom staff member has the phone numbers and email addresses of all families in the classroom;
- (g) NYCLI classroom staff will ensure that each classroom staff member and each classroom family has access to needed technology during remote learning (e.g., cell phones; ipads; computers; Google Classroom; cell phone with FaceTime capabilities; email access from home).

To the extent possible, a student enrolled at NYCLI will receive the following support from the classroom instructional team during the Remote Learning Program:

- (a) Throughout the day, classroom team members will be accessible to parents while the student engages in his or her activity schedule. Direct support will be provided while the child is engaging in his or her scheduled activities. Behavior specific praise will be provided contingent upon helpful and effective behavior. Suggestions will be provided to assist the parents when needed .
- (b) Parents will be reminded to submit completed work at the end of the day – scan and email completed products or take photographs of completed products.

If a child does not have many permanent products to submit at the end of the day, parents are asked to take pictures of their child engaged in his/her daily schedule and to submit the photographs at the end of the day.

- (c) Based on child performance, the appropriateness of the curriculum used will be continually assessed and modified as needed. As a child displays mastery of a curriculum used, the stimuli will systematically be made more challenging at a pace that is appropriate for that child, given the particular activity. If a child displays difficulty with a particular activity, stimuli will be simplified.
- (d) All students will receive the same related service that they had received prior to beginning remote learning. For example, parent training will continue to be provided as indicated on the student’s IEP via FaceTime with the child and parent present. Classroom staff will also be available to answer any questions throughout the school day via phone and/or email.

Each classroom instructor will log and document all parent/student interactions. Meaningful parent engagement will be provided in the parent’s preferred language.

Services will be provided in accordance with the students Individualized Educational Plan (IEP). NYCLI will continue to collaborate with committees on preschool special education (CPSE) and committees on special education (CSE) to ensure an understanding of recommendations, plans for monitoring and communicating student progress, and sharing resources.

To the greatest extent possible, NYCLI will ensure student access to accommodations, modifications, supplementary aids and technology to meet the needs of the students.