

**VOLUNTEERS OF AMERICA-GNY
EARLY LEARNING CENTERS
SCHOOL RE-OPENING PLAN
SUBMITTED AUGUST 7, 2020**

AGENCY NAME: Volunteers of America-Greater New York

BEDS CODE: 35100880287

PROGRAM NAME & ADDRESS: Bronx Early Learning Center
1887 Bathgate Avenue
Bronx, N.Y. 10457

Staten Island Early Learning Center
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WEBSITE (Where this plan and plan updates will be posted): www.voa-gny.org

INTRODUCTION:

This plan was developed to conform to the guidance provided by the New York State Education Department (NYSED) in their July 2020 document entitled: “Recovering, Rebuilding and Renewing: The Spirit of New York’s Schools – Re-opening Guidance”. This plan will be revised and updated as needed to adjust to changing public health conditions caused the by COVID-19 virus and the new requirements and regulations which may emerge over time. Volunteers of America-Greater New York (VOA-GNY) solicited input and involvement from the families we serve and our staff during the original drafting of our re-opening plan. We will rely on continued input from all stakeholders as we move forward implementing this plan and as we make any additions or modifications. This plan addresses the re-opening plans for both VOA-GNY early learning centers: the VOA-GNY Bronx Early Learning Center and the VOA-GNY Staten Island Early Learning Center.

We acknowledge that our early learning centers must be flexible and as responsive as possible to the needs of our students, families and staff members. We will closely monitor the conditions of our communities as the COVID-19 pandemic continues, and the effectiveness and

appropriateness of our plan. Our commitment to students and our determination to provide the highest possible educational programming and related services remains consistent, even during challenging times.

The goal of the plan is to guide the delivery of high-quality educational services as safely as possible, whether that service delivery is in-person, through a remote learning platform or a blended combination of remote and in-person services. Our focus and concerns extend to the social and emotional needs of our students, families, and staff members. We will work together and remain focused on the outcomes we seek to accomplish, so that we can find collaborative solutions to the challenges ahead.

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

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

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

1. COMMUNICATION/FAMILY AND COMMUNITY ENGAGEMENT

In preparation for the completion of this re-opening plan we sought the guidance of families, VOA-GNY staff, colleagues in the 4410 preschool special education community, our Regional Associate at NYSED, and our Program Consultant at the New York City Department of Education (NYCDOE) 4410 program office.

- During the first week of the summer session, parents were asked to complete a survey citing their preference for a program model for September (i.e., remote instruction, combination of remote instruction and in-person learning). This survey was distributed via e-mail and letters were mailed to families, as well. The teachers reviewed the survey with each family and the results were collated by the Director of Early Childhood Educational Services for each site. The results of this survey indicated that the majority of the parents at both early learning centers were interested in a blended model for September.
- On a weekly basis, virtual staff and supervisory meetings were conducted at each early learning center to gauge the recommendations and concerns of our staff.
- Our two School Nurses have researched the current health and safety guidelines, have spoken directly with staff and families, and have assisted in the revisions to our relevant policies & procedures (e.g. infection control, adult-child interactions). Our School Nurses worked closely with the Social Services staff at each site to assist families with medical and mental health challenges.
- The following job titles were involved in the creation of this plan via virtual meetings, shared e-mails and telephone conference calls: President and Chief Executive Officer, Vice President of Quality and Program Services, Vice President of Human Resources, Director of Early Childhood Educational Services, Business Manager, Human Resources Manager, School Nurses, Clinical Supervisors, Program Directors. This team will continue to work on future revisions to this plan.
- In development of this plan, guidance was also received from the New York City Department of Health/Mental Hygiene, NYSED Regional Associate, NYCDOE 4410 Program Office, and 4410 colleagues who are member of the Interagency Council (IAC) and the Coalition for Children With Special Needs.

Ongoing communication is critical to the successful implementation of the re-opening plan. We will utilize the following methods to communicate and provide information:

- **Students/Parents/Legal Guardians:** The Education Director will communicate with families via a weekly email newsletter. These newsletters will include updates on re-opening, important information related to schools' schedules, and any changes to our plans. Teachers will provide weekly telephone calls, interactive platforms to families. Parents will also get the weekly newsletters via mail/FedEx. In addition, daily/weekly communication will be shared with families of students who attend the early learning center in-person via the communication notebook in the student's bookbag.
- **Staff:** We communicate weekly, and more often as needed, via e-mails, individual telephone calls, group conference calls, interactive platforms, and face to face interactions, employing social distancing when the early learning centers re-open. To the extent possible, all staff meetings will remain virtual. These meetings will occur at a

minimum weekly and agendas will include updates and feedback on the re-opening plan and on-going safety precautions. Posted signage throughout the building on bulletin boards and by the timeclocks will also be utilized.

- **Visitors:** Visitors to the early learning center will be limited, and most communication will occur onsite at the front door. Wherever possible, communication will be conducted via telephone calls and e-mails with parents and other outside stakeholders. There will also be a sign posted at the front door at each early learning center stating that entrance into the building will require a person wearing a mask, completing the health checklist, having their temperature taken and, using hand sanitizer and maintaining social distancing while in the building. No one without an appointment will be allowed to enter the early learning centers, except in the case of a true emergency.

Communicating Health and Safety Protocols

Activities of Daily Living (ADL)/Social Skills are a critical part of the curriculum for the students. Infection control techniques have been incorporated into the ADL skills curriculum for students. Our teaching staff will re-force modeling and teaching hand hygiene, social distancing, respiratory hygiene (i.e., coughing into one's bent elbow), throughout the school day. Age appropriate signage will also be posted in each classroom.

Communication regarding Centers for Disease Control (CDC) and Department of Health (DOH) guidelines for the proper use of masks and social distancing with students will continue with verbal cues, pictures, physical cues and modeling by staff. The School Nurse will work with the teaching staff on demonstrating appropriate handwashing, respiratory hygiene (covering the mouth and nose when sneezing or coughing), and the use of face coverings (as appropriate). There will be age-appropriate posted signage in each classroom.

Given the age and developmental skill levels of our students, pediatric masks will be encouraged but not necessarily required for students to receive in-person services. *Students who are unable to medically tolerate a face covering, including students where such covering would impair their physical health or mental health are not subject to the required use of a face covering.* Families will be asked to send their students to school each day with a face covering. The learning centers will have additional disposable pediatric masks as a back up for students, should they become damaged or lost during the school day.

Communication regarding CDC and DOH guidelines for the proper use of masks and social distancing will be provided using the following techniques: written information in the updated parent handbook, information in the updated early learning centers policies & procedures, in-person and/or online training, signs posted throughout the early learning centers. Prior to the school re-opening in September, each early learning center will conduct interactive meetings with families to review the new policies and procedures. The School Nurse, the Education Director and Assistant Directors will participate in these online meetings.

All written communication and verbal communication for families is available in English and Spanish. In terms of communication with members of the community with visual and/or hearing impairments, an American Sign Language interpreter is available at each early learning center

for individuals with hearing impairments, and verbal communication is provided to individuals with visual impairments.

2. HEALTH AND SAFETY

**Please note that staff and students will return to in-person instruction only when government authorities permit in-person education. The return to in-person instruction will require that early learning center leadership has determined that the number of students and staff returning to “in person” learning allows for the following:*

- The ability to maintain social distancing
- The availability of Personal Protection Equipment (PPE), including the availability of cloth face coverings and masks
- Availability of safe transportation
- Local hospital capacity according to the local DOH.

Staff are scheduled to return to work at the early learning centers three days prior to the start date for the students. During the three days of professional development, staff will receive training by the School Nurse on Infection Control, including:

- An overview of COVID-19, signs & symptoms of illness in students
- The protocol for isolating symptomatic students and staff as needed.
- Appropriate handwashing techniques
- Respiratory hygiene
- Use of PPE
- Isolation techniques
- Clearance for the return to the early learning center
- Daily health clearance before entering the building
- Social distancing

Signage (both adult and age appropriate for our students) will also be posted throughout the early learning centers.

Daily Check in and Screening:

Screening station(s) will be set up inside the entrance to the buildings. Social distance markers, indicating a 6-foot distance will be located on lobby floors indicating where individuals should wait pending screening – and indicating the maximum number of people who will be allowed into the lobby at one time. Once lobby capacity has been met, any other students awaiting screening will wait outside of the building. Sidewalk Markers will be used to enforce social distancing and indicate where individuals should stand in order to maintain a 6-foot distance. At least one greeter will be stationed outside to enforce distancing and manage a coordinated entry of students into the school. Greeters will wear appropriate PPE.

Screeners will wear appropriate PPE. In order to enter the building an adult must wear a mask. Each person (i.e., adults & children) will have their temperature taken using a thermal scan thermometer.

The following health screening checklist will be required for any individual prior to entering the early learning centers, whether staff, students, or visitors. Families will be expected to answer these questions for their child:

In the past 24 hours, have you experienced any of the following which you were not experiencing previously, and which are not related to a pre-existing condition?

- Fever or chills
- New or worsening cough
- Muscle aches
- Fatigue
- New loss of taste or smell
- Shortness of breath or difficulty breathing
- Sore throat
- Congestion or runny nose
- Nausea or vomiting
- Diarrhea
- Headache
- In the past 14 days, has your child:

Experienced any symptoms of COVID-19 listed above, including a temperature equal to or greater than 100.4°F in the past 14 days?

- Yes
- No

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?

- Yes
- No

Traveled internationally or from a state with widespread community transmission of COVID-19 per the New York State Travel Advisory

- Yes
- No

The person's temperature must also be taken prior to the start of each school day. If the temperature is 100.4 degrees Fahrenheit or higher, the individual must stay home, and this information should be reported to our School Nurse.

If a staff member or student comes to the building with a fever and/or answers “yes” to any of the questions on the health screening checklist, they will not be permitted to enter the building. If a staff member or student becomes ill at school, they will remain in the isolation area until an approved escort can take them home. If the staff member can go home independently, they will leave with wearing appropriate PPE. If a student comes off of the school bus and presents with a fever, the student will immediately be brought to the isolation area, and the family/emergency contact will be called to come to the building to pick up the student. The isolation areas in each early learning center will be identified with appropriate signage.

Adult and Staff Screening:

All adults and staff will complete the health screening checklist (see above), and will be signed in with the date & time of their entry. Once staff enter the building, they will clock in. Staff will use hand sanitizer before and after touching the timeclock.

Vendors coming to the early learning center (i.e., delivery personnel) will leave packages and delivery items at the front door. Vendors/inspectors (e.g. government agencies, building inspectors, etc.) who need to enter the building will complete the health checklist, have their temperature taken, sign into the visitor log and sanitize their hands before entering the building. A mask must be worn upon entry, after passing the screening.

Student Screening:

The health screening checklist will be provided to families prior to school re-opening. Upon school re-opening, this checklist must be completed by the family and submitted daily. When submitted, the school will be notified only as to whether the child is cleared to report to school or not. Children who are not cleared will be contacted by the school if the family has not contacted the school first.

If a child is showing any of the symptoms noted below and/or if any questions are answered yes, the child must stay home. The family should notify our school nurse immediately. The nurse will discuss whether it is safe for your child to attend school.

Parents will leave the children at the front door and the children will be escorted to their classroom by their teaching staff and/or assigned related services therapists. Staff & parents will have copies of the daily health checklist in advance and will sign and date the checklist as they enter the early learning center. Students who are arriving by bus must bring their daily health screening checklist with them on the bus.

The School Nurse will assess students as they come into the building, before being brought to their classroom. Assessments will include:

- Temperature checks
- Observation of any signs/symptoms of illness

Students will remain in their classroom, with their assigned cohorts, throughout the school day, and will only be brought to the Nurse’s office, as needed. In the absence of the School Nurse, the staff member or student must be directly sent home for follow up with their health care provider.

If a child is already in school when the school learns of a positive response to any of the questions above, the child will be directed to the isolation area located near the nurse's office and the family will be contacted for immediate pick-up.

Parents/guardians will receive instructions regarding illness during the parent orientation, which will be conducted through virtual meetings. This information will also be included in their parent handbook and will detail how to observe for signs/symptoms of illness in their child that would require staying home from school. Information regarding the proper procedures for follow up should their child become ill or exposed to a confirmed case of COVID-19 will also be included. Parents will be advised that the early learning centers will be checking the names and telephone numbers of the three required emergency contacts/escorts, to ensure that they will be available to pick the child up from school. A revised emergency escort/pick up form will be prepared for parents to sign, which states, "Should my child exhibit signs and symptoms of illness, I understand that my child must be picked up from the early learning center promptly."

Social Distancing:

Social distancing signs and floor markers will be posted throughout the school building. Signage will also include information on proper hand hygiene, use of PPE, wearing face coverings, cough etiquette, and staying home when sick. Staff will be encouraged to stay in their workspace (i.e., office, classroom) throughout the day, whenever possible. Therapists will provide in-classroom therapy whenever possible and will be assigned to specific classrooms to limit contacts from classroom to classroom. Signage outlining proper hand and respiratory hygiene will be posted though the building, including all classrooms. This signage will include visual prompts, so that student can also follow them.

School schedules, cohorts, and classroom seating plans are being designed to maintain distancing requirements to the greatest extent practicable.

Layouts for desks, tables, chairs, and other items will be implemented to promote social distancing in classrooms and commons areas to promote six feet of social distancing.

In-person, non-instructional meetings are discouraged and should continue to take place in a virtual setting whenever possible.

The number of people permitted in a restroom will be determined by the size of space and layout of toilet partitions to ensure at least six feet of distance between individuals.

Students, staff, and families will be regularly reminded about the importance of social distancing. Educational and directional signs will be posted throughout our schools.

Special Accommodation:

Students and staff who require special accommodations, including those at increased risk of complications from COVID-19, may require alternative provisions for social distancing. The specific needs of students will be reviewed individually, in consultation with the School Nurse.

Staff who may require special accommodations will be required to meet with the Human Resources Department. The early learning centers will follow the CDC and NYSDOH guidelines for high risk individuals. Students who cannot attend in-person services due to high risk will be accommodated with remote instruction.

Face Coverings and Personal Protective Equipment:

All staff and visitors will be required to wear masks while at the early learning center, without exception. Students will be encouraged to wear pediatric masks, however; there may be instances that a student's respiratory status or social emotional well-being may be impacted by wearing a pediatric mask. Families will be asked to send their students to the early learning centers with masks. *Students who are unable to medically tolerate a face covering, including students where such covering would impair their physical health or mental health, are not subject to the required use of a face covering.* The School Nurse will have a supply of disposable pediatric masks available for students as a backup. The School Nurse and the teaching staff will work with the students through modelling and learning activities to encourage students to wear masks.

The early learning centers will provide three re-usable masks to each employee. PPE such as gloves, gowns, facial shields, and additional disposable masks will be readily available for all staff. PPE has been pre-ordered in anticipation of the re-opening of schools and each early learning center will store a month's supply of PPE onsite. Each site completes a weekly inventory of supplies, including PPE. These inventory worksheets are submitted to the agency Quality Assurance Director for review. If supply quantities dip below the minimum amount required to have on-site (30-day supply), an order will immediately be placed.

Contact Tracing:

The School Nurses are trained & certified contact tracers. They will notify the appropriate government agencies when there is a confirmed case of COVID-19 at the school.

The VOA-GNY Early Learning Centers are making every effort to minimize, to the extent practical, the number of contacts per day among students and staff. This is done using small cohorts that stay together for an entire school day. Class sizes have been substantially reduced and student and staff attendance will be monitored and maintained.

All of the above will help in the facilitation of contact tracing, if and when it becomes necessary.

In the event of a confirmed case of COVID-19 that has been present at either early learning center, VOA-GNY will be in touch immediately with the New York City Department of Health to determine current guidance and procedures related to contact tracing.

Confirmed or Suspected Cases of COVID-19:

Families should be monitoring their children at home and complete the daily health screening checklist each morning. If there are no COVID-19 symptoms, including no temperature equal to or higher than 100.4 degrees Fahrenheit, students can attend early learning centers. If there are any symptoms families should not send their child to school. If families do indicate symptoms in their child, they should call the School Nurse or Education Director and inform them that their child is staying home due to COVID-19 symptoms. Families should contact their

medical provider for assessment and testing. The child should isolate at home until test results are received, and/or for a 14-day period.

If testing is positive the family should follow the steps outlined below for “Student or staff tests positive for COVID-19”. In all instances of positive COVID-19 notifications (staff or students), the early learning center staff will notify the New York City Department of Health.

Student or Staff tests positive for COVID-19

1. The student or staff member must stay home, monitor their symptoms, and notify the school immediately. The student’s parent/caregiver or staff member must inform the education director that the individual has tested positive for COVID-19.
2. In consult with the family or staff member, school administration will determine whether the student or staff member was on the premises during the time frame that started two days prior to symptom onset (or testing positive, or symptomatic) until the time of isolation.
 - a. If so, the areas visited by that COVID-19 positive individual will be closed off immediately to be cleaned and disinfected.
 - b. The students or staff member’s classroom will be disinfected – as will other areas visited by that individual
 - c. Bus company will be notified to clean and disinfect any busses that the student or staff member had been on.
3. Communication to other families in that student or teacher’s classroom (their cohort) will go out from the education director notifying them that there has been a positive test – without naming the individual. These communications will include:
 - a. Notification of the positive test (not the specific individual)
 - b. Notification that they may have been within 6 feet of the person with a positive test, which would be considered “close contact” and therefore should monitor symptoms and consult with their medical professional. Testing may be advised.
 - c. ***Notification that the classroom of that positive student or teacher will revert to 100% remote learning for a period of 14 days.***

If the school learns about the COVID-19 positive test in the middle of the school day when the rest of the cohort is in class:

1. Masks will be encouraged of all students (and supplied)
2. Caregivers of students in the class or other close contacts may pick up students prior to the end of the day.
3. Notifications will be made as indicated above.

More than one student or staff tests positive

If two or more students and/or staff test positive for COVID-19 at one of the early learning centers, the center **will close for a period of 14 days**, and all students will receive remote instruction. The students will participate in remote instruction until such time that they are able

to return to the early learning center. The classroom and other areas of the building where there was an exposure will undergo a thorough disinfecting process following CDC and NYSDOH guidelines.

Isolation areas have been identified at each early learning center, located next to the School Nurse's office. The isolation area will have posted signage, ventilation, and will contain vinyl covered cots for students, and a supply of PPE for the Nurse and for whomever is assigned to stay with the student. All staff entering the isolation area will wear disposable PPE, including a mask, gloves, facial shield and gown. Additionally, the School Nurse will have full disposable PPE when providing respiratory treatments to students, such as a nebulizer. All treatments for injuries and administration of medication will occur in the Nurse's office.

Return to School Protocols:

Return to school for Individual Who is Symptomatic:

If an individual is symptomatic at home, they should stay home and get tested. If an individual student is symptomatic on the bus or at school, they should remain masked and adhere to strict physical distancing. Students will meet with the nurse and stay in the isolation room until they can go home. Nurse will contact parent/guardian. Student will not be sent home on the bus. If an individual staff member is symptomatic at school, they should speak to an administrator about coverage for their duties and then go home and get tested.

If the individual is tested:

- If the individual tests **negative** that individual can return to school once asymptomatic for 24 hours.
- If the individual tests **positive** that individual should remain home (except to get medical care), monitor symptoms, notify the school, notify personal close contacts, assist the school in contact tracing efforts, and answer the call from New York City Department of Health. Most people who have relatively mild illness will need to stay in self-isolation for at least 10 days and until at least 3 days have passed with no fever and improvement in other symptoms.

If the individual **is not tested**:

- That individual should remain home in self-isolation for 14 days from symptom onset

Return to School for an Individual Who is Exposed to COVID-19 Positive Individual (not exposed on site):

If an individual is at home when they learn they were in close contact with an individual who tested positive for COVID-19, they should stay at home and be tested 4 or 5 days after their last exposure.

If an individual is at school when they learn they were in close contact with an individual who tested positive for COVID-19, they should be masked and adhere to strict physical distancing. They should report immediately to the nurse's office, where they will await transport home. They should stay at home and be tested 4 or 5 days after their last exposure.

If the individual tests **negative**, they can return to school if asymptomatic or once asymptomatic for 24 hours.

If the individual tests **positive**, they should remain home (except to get medical care), monitor symptoms, notify the school, notify personal close contacts, assist the school in contact tracing efforts, and answer the call from the New York City Department of Health. Most people who have relatively mild illness will need to stay in self-isolation for at least 10 days **and** until at least 3 days have passed with no fever and improvement in other symptoms.

If the individual **is not tested**, they should remain home in self-quarantine for 14 days from exposure.

As outlined above, if a student or staff member who has been in the classroom tests positive for COVID-19, that classroom will revert to 100% remote learning for a 14-day period.

Daily Disinfecting Protocols:

Each early learning center will be disinfected on a daily basis, by the maintenance staff, employing the cleaning protocols recommended in the CDC and NYSDOH guidelines and using cleaning products recommended by the CDC and Department of Environmental Conservation (DEC). Staff will complete a daily checklist confirming that these cleaning and disinfecting protocols have been completed. This checklist will include disinfecting of high touch areas such as handrails, elevator buttons, etc.

Custodial personnel will wear masks throughout the day in the early learning center. Facial shields, gloves, and gowns will be available for use, as appropriate. The custodial personnel will complete the daily cleaning/disinfecting log recommended by the NYCDOH. Custodial staff will ensure that classrooms, offices and therapy spaces have a daily supply of PPE and hand sanitizer readily available. In addition, all staff will keep a checklist of their own supplies needed to maintain safety in their work area, which be checked prior to the start of the day.

Staff will have disinfecting supplies (including hand sanitizer, tissues and alcohol wipes) at their workstations. Each staff member will be required to clean their work area at the beginning and end of the workday. A disinfecting checklist will be posted at each workstation. Employees will be required to complete this checklist at the beginning and end of each work shift.

Frequently touched surfaces such as doorknobs, light switches, toilets and restroom handles, desktops, etc., will be cleaned periodically throughout the day by the maintenance and housekeeping staff. Equipment and supplies will be cleaned after use by each student. A checklist for daily disinfecting will be completed for each shift by the maintenance staff. Each student will have their own labelled daily bin of separate supplies and equipment in the classrooms so that no student needs to share items.

School Safety Drills:

Fire drills and lockdown drills will be conducted, as per the NYCDOH Article 47 childcare regulations guidelines. The revised policy and procedure will include the requirements of the 2020 New York State Uniform Fire Prevention and Building Code (BC) and the State Energy

Conservation Code. Since there will be 50% of the students onsite each school day (i.e., 4 students or 6 students per classroom), staff will each hold the hand of one student and escort the students out of the building during fire drills. Students escorted by staff will maintain six feet distance from the person ahead of them. Hallway floors will be marked with tape to remind staff and students to maintain six feet of distance during drills and whenever they are in the hallway. All exits from the early learning center will be used to limit the number of adults and children exiting the building at one time. A new map will be developed for each early learning center, demonstrating the exit to be utilized. For lockdown drills, all windows and door windows will be covered, and social distancing will be maintained as best as possible within the classroom.

COVID-19 Safety Officers:

The COVID-19 Safety Coordinator for the Bronx Early Learning Center will be:
Randy Williams, R.N.: 718-466-3580, rwilliams2@voa-gny.org.

The COVID-19 Safety Coordinator for the Staten Island Early Learning Center will be:
Cheryl Capriola, R.N.: 718-984-7900, ccapriola@voa-gny.org

Ms. Williams and Ms. Capriola will work in collaboration with Ms. Rosenthal, Director of Early Childhood Educational Services, and the Education Director at SIELC, Ms. Michelle Kahn. Ms. Williams, Ms. Rosenthal, Ms. Capriola, and Ms. Kahn will also work closely with community agencies and organizations. Staff and families will be informed of the COVID-19 Safety Coordinator at each site and will be provided with their contact information. This information will also be shared with NYCDOE 4410 Program Office and the NYCDOH/MH childcare licensing specialist.

Accommodations:

Parents of students who believe their child will need accommodations because of the health of the student or a person a student lives with should contact the education director of the early learning centers. If the reason for the concern is a student health issue, early learning center staff may work with the family to create an appropriate plan. If the concern is related to another member of the household, the educational director or designee will work with the family to create a plan for continuity of learning for the student.

Early learning center staff who believe they will need workplace accommodations because they are at high risk must reach out to Human Resources. Based on information provided, and consistent with state law and relevant guidance, VOA-GNY will consider to what extent reasonable accommodations may be provided to employees so they may perform the essential functions of their jobs safely and effectively. Employees will be required to provide information to assist VOA-GNY in understanding both the basis and nature of the request for a reasonable accommodation. It may not be necessary for the employee to share a medical diagnosis or condition, but the employee will need to:

- Indicate the nature of the physical or mental limitation(s)
- Indicate the expected duration of limitation(s)
- Explain how the disability/limitation affects the ability to perform the essential functions of the job

- Explain the accommodations needed to perform essential functions
- Identify needed equipment if requested
- Indicate whether a health professional has recommended a specific accommodation
- Attach a copy of recommendation from health professional if applicable

Employees may be asked to provide the VOA-GNY with further medical or mental health documentation to support a request for reasonable accommodation.

Information provided by employees or other entities related to these requests will be filed separately from the employee's personnel file and be treated confidentially.

3. FACILITIES

Poly carbonite shields have been installed at the front desks of the early learning centers. The poly carbonite shields are fire rated and approved by the Department of Health for use in child-care settings. Wooden dividers will be placed between desks in offices and in therapy spaces. Ventilation systems at both early learning centers were inspected and approved. VOA-GNY has performed a thorough cleaning of the ventilation system at both sites and will continue to do so on a monthly basis. Prior to re-opening HEPA filters will be installed in our ventilation system and UV lighting will be added to our HVAC systems. Additionally, to the extent practical and when it does not increase other health hazards, windows and doors will be kept open to enhance ventilation with outdoor air.

Emergency plans at the early learning centers (i.e., fire drills, evacuation lockdown) have been modified to reflect and facilitate social distancing while ensuring that staff and students are safe. New exit routes have been designed for safe evacuation of the facilities.

Offices have been re-arranged to reflect social distancing and/or barriers placed between desks. Therapists will provide a combination of in-class and in therapy room related services sessions with the 50% of the student population onsite. Several of the therapists will be working at their desks in their offices performing tele-therapy and consultations for those students receiving remote services.

All exit doors have automatic closure mechanisms and are fire rated. Classroom doors and therapy room doors will remain open to increase air flow. Child proof gates will be used to ensure that students remain in the classroom and therapy spaces.

Each classroom has a sink. Hand sanitizer pumps will be mounted throughout the early learning centers for easy access (i.e., two locations in each hallway, at the entrances to the building, at the base & top of stairwells, outside of adult bathrooms throughout the entry area). The hand sanitizer pumps are in compliance with all applicable fire codes. There are no drinking fountains located at either early learning center.

Staff will be encouraged to eat their meals at their workstations (i.e., classrooms & offices). Staff training will be conducted in small groups, with sessions being repeated, to ensure that social

distancing will be maintained. In addition, online training is being developed so that staff can maintain social distancing.

Administrative staff will work a hybrid schedule of on site and telecommuting in an effort to reduce congestion and promote social distancing at the schools.

4. NUTRITION

The Bronx Early Learning Center participates in the NYSED School Breakfast and Lunch Program. All policies & procedures related to mealtimes will be amended to reflect Child Nutrition Program requirements. The vendor delivers all meals & beverages in individually pre-packaged containers with child appropriate portions for each food group. The food vendor is an approved vendor by the NYSED School Breakfast and Lunch Program. The vendor provides meal substitutions to accommodate the food allergies of the students. Food allergies are posted in each classroom with the medical alerts. The vendor will deliver the meal containers to the front door and the custodial staff will bring the food containers into the building. Assigned staff will deliver the meals to the classroom to ensure that social distancing is maintained. Staff distributing the meals have food handler certificates and will be masked and gloved. For students receiving remote instruction the Social Services staff will offer the families information regarding “Grab & Go” meals at the local public schools, and will also offer the family the opportunity to come to the school to pick up the prepared meal(s) for their child.

At the Staten Island Early Learning Center, students bring their own lunch to school. Food is stored in a thermos or lunch bag brought to school by the students. These items are refrigerated, as needed. Meals are heated in the microware, when appropriate. Staff will be masked and gloved as they distribute the student meals. For those students on remote instruction, Social Services staff will offer the families information regarding the “Grab & Go” meals at the local public schools.

All students will eat their meals in the classroom. Students will be seated 6 feet apart during meals. Classrooms will be rearranged and marked to delineate a 6-foot distance. With 50% on the students on site, students will maintain social distancing during mealtimes to ensure that the students do not touch or share each other’s meals, and that the students will only eat the food that they have brought to school. During mealtimes, staff will be seated at the rectangular tables with 2-3 students seated at each table. Students & staff will wash their hands before and after each meal. Staff will disinfect the tables after each meal is served. Proper hand hygiene posters are posted in each classroom.

Student allergies are posted in each classroom with a cover sheet maintaining HIPAA guidelines. Student specific Epi-pens are stored in the classroom out of the child’s reach. Non-specific student Epi-pens are stored in the Nurse’s office and accessible to all staff. All staff are trained prior to school opening by the School Nurse on Epi-pen protocols and signs and symptoms of severe allergic reactions. Students with Epi-pens are identified prior to the start of school and allergy plans are discussed with appropriate staff.

The parent handbook will contain a section on student meals for each early learning center. At parent orientation, changes to the mealtime program will be reviewed with families.

5. TRANSPORTATION

**Transportation for preschool students with disabilities enrolled in 4410 programs is provided by the school district (NYCDOE). Transportation routes for students will be determined by the bus company, which is under contract with the NYCDOE Office of Pupil Transportation (OPT).*

It is the assumption of the NYC 4410 program providers that the school bus matron will take the temperature of a student before he/she gets onto the school bus. If this is indeed the case, the early learning center will not have to take the temperature of each student as they disembark from the school bus. If the matron on the bus does not take the temperature of the students before boarding the bus, the screeners at the early learning center will take the temperature of the students as they exit the school bus. Students will exit from the front of the bus first and then going back toward the rear of the bus to discourage students from being in direct contact with each other.

Staff and therapists from each classroom will escort their own students to the classrooms, maintaining social distancing in the hallways, and where the students will immediately wash their hands. The School Nurse and additional greeter(s) will conduct a quick health check (e.g. runny nose, coughing, wheezing, rash, etc.) before the student is escorted to his/her classroom.

Student arrival and departure times will be dependent on the routing prepared by the bus company. Classroom staff will escort students to their respective buses and students will board the bus starting the rear of the bus. It is anticipated that there will be staggered arrival and dismissal times for bussing since fewer students will be transported on each bus.

Students transported to school by their families, will be greeted at the front door. Families will not be permitted to come into the building. Families and students will wait outside of the building. Sidewalk markers will be placed to delineate a 6-foot distance. Students will be called into the lobby for screening – the number of students in the lobby at one time will be limited to allow for social distancing. Another greeter will be assigned to manage those students/families waiting outside of the building.

The greeters in the lobby area will take the student's temperature and the parents will be asked the questions on the health checklist. If any question is answered with a "yes" response, the student will not be admitted into the building. The student will use hand sanitizer before taking the hand of the staff escort. A staff member from the student's classroom will escort the student to the classroom, where he/she will wash hands upon entering the classroom. Students will also wash their hands before being escorted to the front door to meet their families.

6. SOCIAL EMOTIONAL WELL-BEING

The early learning centers use positive behavioral interventions and supports (PBIS) as a methodology for supporting students. Guided by the clinical services departments at each early learning center, PBIS techniques have been shared with families during remote instruction, and will continue to be employed as students begin to return to school. In addition, the multidisciplinary team will meet to discuss concerns related to students presenting with challenging behaviors, and during remote learning, these techniques have been reinforced with family members when their children are at home.

During remote instruction, team meetings have continued with Teachers, Therapists, and families to address challenges families are facing at home. These meetings, which are led by the Teacher, have been held via conference calls and interactive platforms, based upon the choice and technology capability of families. These team meetings will continue as schools re-open using conference calls and interactive platforms, since parents will be unable to come into the early learning centers. The School Nurses have participated in many of the team meetings, since many of the challenges faced by our families included the health of family members and access to medical services.

Each learning center has a parent council, and these parent councils will continue to meet virtually when schools re-open. The parent councils, in conjunction with the Social Services staff and School Nurses will continue to meet to discuss topics of concern to families, which have included: signs and symptoms of COVID-19, accessing food resources, accessing financial resources, accessing legal resources, accessing mental health resources, accessing medical resources. The Social Services staff and School Nurses have also “met” with families individually during remote learning and will continue to do so when the early learning centers re-open.

Our clinical departments, inclusive of the Social Services staff and the School Nurses have participated in trauma-informed webinars and workshops during remote learning, to gain access to additional information and resources. The Director of Early Childhood Educational Services and the Director at SIELC have continued to participate in virtual monthly community planning board meetings and have accessed the community planning board websites to gather resources to help families during the pandemic. Information has included: locations of food banks & “grab and go” food programs, mental health resources providing tele-health services, medical resources providing tele-health and onsite services, support for families experiencing domestic violence, etc.

As the early learning centers re-open, team meetings will continue to be held on a regularly scheduled basis, to provide resources for individual families as well as support and training to the parent councils and their ongoing meetings. The teams will include: Social Services staff, the School Nurse, Teacher(s), Clinical Supervisors (i.e., psychology, speech, occupational therapy, physical therapy), and will be led by the Program Director or his/her designee. The Social Services staff and School Nurses have established relationships with community organizations & governmental agencies which provide mental health, medical, legal, financial, and housing

support to families. Each early learning center maintains a list of the community organizations & governmental agencies which provide support to families.

Professional development is available to all staff through our organizations Staff Development Department which utilizes training videos from Relias, as well as live trainings from the department trainers which will be conducted virtually. In addition, staff have participated in trainings/webinars offered by government agencies (e.g. NYCDOH/MH, NYSDOH, NYCDOE, OSEP,) and professional organizations (e.g., National Association for the Education of Young Children, Advocates for Children, Early Childhood Professional Development Institute). In addition, Clinical Supervisors have prepared virtual workshops for staff and families during remote instruction, and these virtual workshops will continue when school re-opens, to ensure that we can provide social distancing during staff development activities.

Our Social Services staff and School Nurses work actively on behalf of our families in terms of referral and follow up with community agencies, in such areas as; mental health, medical services, domestic violence, accessing services in the areas of housing, employment, legal matters, etc. Participation in community planning board meetings has also facilitated direct contact with local politicians and their staff to assist families, as needed.

For staff in need of assistance & support, the Human Resources Department will connect staff members with our Employee Assistance Program (EAP).

7. SCHOOL SCHEDULES

For our initial school re-opening, the VOA-GNY early learning centers will offer a combination of 100% remote instruction and in-person services with a capacity of 50% of the students onsite at one time. This initial school re-opening schedule was developed based on the following considerations:

- The ability to provide social distancing at our early learning centers
- The ability to have our staff provide a combination of remote instruction and in-person services
- The ability to ensure that the early learning centers are cleaned and disinfected on a regular basis
- The concerns expressed by our staff and families

Each classroom will have an assigned A & B cohort for students whose families choose to have their child receive in-person services with a blended model. Up to one half of the students in each classroom (in 8's and 12's classrooms) will receive full day in-person services in cohort A and will receive remote instruction the next week. Cohort B will receive in-person services the next week, while students in cohort A will receive remote services. Students participating in remote instruction only, will receive all services at home.

Students participating in the blended model will attend on Mondays & Tuesdays and Thursdays & Fridays. *On Wednesday, all students will receive remote instruction and tele-therapy and*

program staff will also work remotely. Staff & families will receive a monthly calendar to identify the A & B weeks. A second parent survey will be sent out to families before the end of the summer session to ascertain whether families wish to choose 100% remote instruction or a blended model for remote learning and in-person instruction for September. The survey will also include a question regarding whether parents will choose to put their child on the school bus or self-transport their child to school.

The “final” plan is dependent on the final decision by government authorities regarding schools re-opening in September and on the ability of the bus companies to provide transportation to students. The plan will be communicated to families in their primary language via telephone contact (to address questions/concerns), letters sent to parents via e-mail and direct mailing which details the school schedule & the schedule for their child and virtual parent council meetings.

Students receiving in-person services will remain in their classroom “pod/cohort” throughout the school day, whenever possible. The Teacher and one Teacher Assistant will work directly with the students in the classroom. The second Teacher Assistant will provide remote learning activities to the students at home via: e-mails, interactive platforms, telephone consultations, facetime into the classroom so that students can participate in “live” activities, etc. Students receiving remote instruction services, either full time or for their assigned week, will also receive their therapy services during the school day. Their Therapists will engage with the students & families from their therapy offices.

If it becomes necessary to close our schools, or have certain cohorts of students remain home, students would have access to the remote model on all school days. School schedules would remain unchanged from those followed in the blended model. Students would continue to have daily interactions with their teachers and peers on the same school-day schedules.

Administrative staff will work a blended schedule, where some days of the week they will telecommute and other days they will work on site. Schedules will be staggered so that the minimum number of administrative staff necessary on are site each day.

The Bronx Early Learning Center is a NYCDOE approved Interim Alternate Bilingual Program (IABP) and will continue to provide in-person and remote learning services to students & families in their primary language. The Social Services staff at the early learning centers will continue to support families experiencing homelessness and domestic violence. Every effort will be made to have the students continue to receive services in-person and through remote learning services while their family is in transition.

8. BUDGET AND FISCAL

During remote instruction, a separate cost center has been established to reflect all COVID-19 related expenses, which have included: PPE, internal renovations to the early learning centers, staff development trainings, and classroom supplies & equipment. The early learning centers applied for the mini-grants as part of the federal CARES Act to offset some of the costs

associated with preparing the early learning centers for in-person services. Although students have not been onsite since March 16, 2020, they have been receiving remote instruction since March 23, 2020. Students have continued to receive special education services and related services as mandated on their IEP's. At the present time, the current tuition rate does not support the increased expenses in preparing the early learning centers for re-opening.

The teams at the early learning centers have worked tirelessly to maintain student enrollment during the 10-month school year and the six-week summer session. The Intake Departments at each site have worked with the CPSE Administrators and the Services Coordinators at the Early Intervention Programs to facilitate referrals of new students. In addition, both early learning centers began conducting virtual multidisciplinary evaluations, as soon as the NYCDOE & NYSED issued guidance to begin these evaluations.

9. ATTENDANCE AND CHRONIC ABSENTEEISM

Attendance records will be maintained using the classroom and therapy attendance cards, in addition to the daily logs completed by each teacher and therapist. Students & families receiving remote instruction 100% of the time or as part of the blended model, will be offered services as mandated on their IEP (i.e., 5 days of special instruction, number of mandated related services sessions per week). During remote instruction, the parent log will reflect if the session was completed, and if not, the reason(s) why the services was not completed for that day (e.g., parent declined service, student or parent had a doctor's appointment, student or parent ill, etc.).

Throughout the period of remote instruction, families have been provided with support and encouragement to continue with the daily educational and therapy sessions. Our Social Services staff and our School Nurses call parents periodically for "check-ins", as well as scheduled calls to assist with specific family concerns. Where there have been challenges encountered by our families, our Social Services staff and School Nurses have offered support and assistance to families, while being respectful of their privacy and issues of confidentiality. Where families have become "overwhelmed" by person circumstances, participating in remote instruction, encountering difficulties with their child's behavior at home, time constraints, etc., the student's Teacher, Social Services staff member and/or School Nurse, have worked with the family to find a "comfort level" for the length and frequency of remote instruction and therapy sessions. As schools re-open, we will continue to work with families engaged in remote instruction.

In terms of students receiving in-person services, the School Nurses will review with families the signs & symptoms of COVID-19, will explain to families how to monitor their child's and their family's health status, using the questions of the health checklist as a guide (this information will also be included in the parent handbook), to ensure that students come to school "healthy" and will be able to participate in school each week that they are scheduled to attend in-person services. The virtual trainings will be conducted by the School Nurses prior to students returning to school. In addition, this information will be included in the parent handbook.

For families & students where there has been chronic absenteeism (i.e., frequent absences, absence extending beyond the required self-quarantine period, sporadic attendance) during

remote instruction, and where this concern may continue once schools re-open, the Social Services staff have put the following protocols in place to provide outreach to families: telephone call(s) to the family, e-mail to the family, certified letter sent to the family, contacting emergency contacts/approved escorts (i.e., to obtain updated contact information). All communication with the family, orally & in writing, will be in the family's primary language. Where there is sustained lack of contact with a family (i.e., more than 10 days), the Social Services staff will reach out to the CPSE Administrator.

As mandated reporters, all staff are trained annually on the early learning center policies & procedures regarding child abuse and neglect. Additionally, staff are trained bi-annually by participating in the OCFS online course. During remote instruction, our Social Services staff and School Nurses worked closely with families experiencing trauma and made referrals for assistance to families and calls to government agencies, as appropriate.

10. TECHNOLOGY AND CONNECTIVITY

During the week of March 16, 2020, when schools closed, the teaching staff reached out to families to ascertain their technology capabilities and needs. Until such time as the NYCDOE provided access to iPads for our students, many families were using their smartphones to participate in remote instruction. As new students are enrolled at our early learning centers, our intake department assesses each family's access to technology, and where appropriate, the early learning center will reach out to the NYCDOE for an iPad for the family. As new students are enrolled at the early learning center, the Intake personnel will discuss the technology capabilities/needs of each family

For new students whose families do not have access to technology, the teaching staff and therapy staff will reach out to families via telephone contact and send learning activities to the families, until such time as we are able to assist the family in accessing an iPad. With schools re-opening, families will continue to need access to technology since students will receive either 100% remote instruction or 50% remote instruction as part of the blended model. In addition, should schools need to once again close, and all students go back to remote instruction, it is imperative that families have the tools to participate in services. During remote instruction, the following strategies have been used to engage families: telephone contacts, interactive platforms, e-mails, and learning activities sent to families.

During weekly department meetings at the early learning centers, teaching staff and therapy staff incorporate discussion regarding the remote learning strategies and have assisted each other in access to and mastery of the interactive platforms. The VOA-GNY IT Department has been instrumental in assisting the early learning center staff in setting up interactive platforms on their devices. The IT Department has also assisted remotely with technology "glitches" experienced by our staff.

We will continue to work with the NYCDOE to obtain I-pads for our families and are actively seeking donations of I-pads for our families.

11. TEACHING AND LEARNING

During the four months of school closure, the early learning centers have refined their approach for remote instruction. Forms to document attendance, learning activities and student progress have been revised as appropriate, teams meetings are regularly scheduled for classrooms and/or individual students, weekly department group supervision of staff is scheduled, as well as individual supervision, and the leadership teams meet weekly at each early learning center. Monthly themes continue to be incorporated into the learning activities for each student, as well as the learning/therapeutic activities addressing the IEP goals for each student.

It is the intention of the early learning centers to begin the school year with the choice for families of 100% remote instruction or a blended model of 50% remote learning & 50% in-person services. In the event that schools are once again closed by government authorities, the early learning centers are prepared to go back to 100% remote instruction, with the teaching staff and therapy staff continuing with their same caseload of students.

Instruction continues to be aligned with the outcomes in the New York State Learning Standards, in conjunction with the individual goals & objectives on each student's IEP. The Creative Curriculum continues as the foundation for the development of learning activities for students. As stated earlier in this plan, students & families are offered the weekly mandated services on each student's IEP. During remote instruction, teaching staff and therapists are respective of the level of participation by each family and document all outreach attempts and completed sessions with the family. For families who select the blended model, students will continue to receive their mandated IEP services during their week in school, as well as during the week that the student is participating in remote instruction.

In addition to remote instruction and in-person services, families will also continue to be offered the opportunity to participate in parent council activities with virtual meetings. These meetings will provide opportunities to address questions/concerns raised by families, provide program updates, and provide training opportunities for topics of interest to families. Social Services staff and the School Nurse will continue to provide outreach to families on a more individualized basis.

Communication with families will continue in the family's primary language via telephone contacts, virtual platforms, e-mails, letters to families via e-mail and direct mailing. Teachers will prepare a weekly class newsletter with updated information. For students receiving in-person services the newsletter will be placed in the students' book bags, as well as sent by email to the family. For students receiving remote instruction, the newsletter will be e-mailed to the family. Parent council meetings are typically conducted every 4-6 weeks and will continue to be held virtually when schools re-open. Teaching staff will also continue to update families during their daily contacts with information that they receive during department meetings and the weekly memorandum sent to all staff by the Director of Early Childhood Educational Services.

When schools re-open, for those students who will participate in the blended model, their classrooms will have no more than one half of the student population in their classroom. There will more individualized attention for each student onsite to assist in the adjustment of returning

to school, or for new students, coming to school for the first time. During the first week of school, staff will focus on comforting students and introducing or re-introducing students to classroom routines and schedules. Much time will be devoted to assisting students in identifying their written name/alongside their picture, since students will be assigned their own chair, their own place at the table, their own cubby, their own work/supply bin, and their own poly spot for seating on the floor. Students will also receive guidance in maintaining social distancing, using their elbow for coughing and sneezing, and washing their hands. Since bringing toys/transitional objects from home will be discouraged, staff will reach out to families to ascertain their child's favorite book, song, activities, etc. to comfort the child help and them to adjust to being in school.

The classroom staff (i.e., Teacher and two Teacher Assistants) will remain intact, and may rotate in providing remote instruction and in-person instruction to their students. Planning time and participation in team meetings will help to ensure consistency between remote and in-person instruction for the teaching staff and the assigned Therapists for the students. Students are informally assessed at the Bronx Early Learning Center using the DAYC Checklist, and at the Staten Island Early Learning Center using the Brigance Inventory. The checklists are updated on a quarterly basis in preparation for the quarterly progress reports to families.

The classroom schedule for in-person services will be adapted for compliance with CDC and DOH guidelines and regulations to ensure student and staff health and safety:

- Two to three students will be seated at the rectangular tables in each classroom, with a staff member at each table. This will allow for a 6-foot distance between students.
- Students will have their own work/supply bin with learning activities.
- Students will be assigned to their own table/chair/poly spot.
- Students will remain in their “pod” throughout the school day, with few exceptions.
- At SIELC, students will be escorted to the student bathrooms individually.
- Center time will be individualized for each student
- Computer time will no longer be an option onsite, since students receive screen time via remote instruction.
- Each learning center will be disinfected after a student leaves the center
- All gross motor activities will occur in the classroom.
- Meals & beverages will be distributed individually to students in the classroom.
- There will be no volunteers at the early learning centers
- Student observations, where appropriate, will be conducted from the doorway to the classroom.
- Classroom supplies, equipment and learning activities will continue to be reflective of the diverse population of students at the early learning centers.

12. CAREER AND TECHNICAL EDUCATION (CTE)

**CTE does not specifically apply to 4410 preschool special education programs.*

13. ATHLETICS AND EXTRA CURRICULAR ACTIVITIES

The early learning centers will comply with the guidance and requirements set forth in the DOH Interim Guidance for Sports and Recreation During COVID-19 Public Health Emergency.

All gross motor and physical education activities will occur in the classroom, practicing social distancing, wherever possible. Physical activities will exclude games, songs, finger plays, and musical activities where there are partners and/or shared materials.

14. SPECIAL EDUCATION

Students enrolled and attending the early learning centers are classified as “preschool students with disabilities” and are placed at the early learning center through the NYCDOE Committee on Preschool Special Education. The placement at the early learning centers and the services mandated on each student’s IEP have been determined to be the least restrictive environment (LRE) for the student. Under contract with the NYCDOE, the services provided to students and their families are considered as “free and appropriate public education” (FAPE) for the students.

As NYSED approved 4410 preschool special education programs and as contracted “independent” schools with the NYCDOE, the early learning centers provide the following services at “no cost” to families:

- Multidisciplinary evaluations (virtual at the present time) to children presenting with concerns regarding their development
- Special education classes
- Related services (occupational therapy, speech therapy, physical therapy, counseling)
- Social services
- School Nurse services

The early learning centers are Americans With Disabilities Act (ADA) accessible sites. Communication is provided to families, in an oral and written format in their primary language. The early learning centers work collaboratively with the CPSE’s and CSE’s in terms of referrals, evaluations, participation in IEP meetings (initial, annual and requested reviews), placement of students, transition as students either age out of services or are in need of less restrictive or more restrictive services. When schools re-open, CPSE Administrators will be notified as to which model families select for services (i.e., 100% remote instruction or the blended model of remote instruction and in-person services). Should government authorities mandate that schools close, the early learning centers will immediately notify the CPSE Administrators as the early learning centers return to 100% remote instruction.

Student progress will continue to be monitored informally on a daily basis and documented quarterly using the developmental checklists. Families will receive written progress reports and participate in parent-teacher conferences on a quarterly basis.

It is the intention of each early learning center to keep the classroom “pods” intact with limited contact between classrooms and staff outside of the classroom:

- Therapists will be assigned to classrooms for both remote and in-person services for each student.
- Wherever possible, therapy sessions will be conducted in the classroom.
- Teaching staff & Therapists will escort “their” students to and from the school buses.
- Teaching staff & Therapists will escort “their” student to the classroom and from the classroom when students are brought to school and picked up by family members.
- Supervisors will refrain from coming into the classrooms, wherever possible. All interactions will occur from the doorway.
- Teaching staff & Therapists assigned to the classroom will participate with the classroom with emergency drills.

15. BILINGUAL AND WORLD LANGUAGES

The Bronx Early Learning Center is approved by NYCDOE as an Interim Alternate Placement (IABP) Program. At least one staff member in each classroom is fluent in Spanish, and in each IABP classroom, the staff have received ELL training. In addition, one Social Worker is bilingual, two staff members in the Intake Department are bilingual, and the front desk staff are bilingual. Students whose primary language is Spanish receive speech therapy from a clinician who has a NYS bilingual extension. All written communication to parents is sent home in both English and Spanish. During remote instruction, translators have been assigned to monolingual Occupational therapists and Physical Therapists, as needed to assist with translation during therapy sessions. All parent council meetings are conducted either with separate Spanish language sessions or with a translator present at the meeting. These procedures, first implemented onsite, have continued throughout the period of remote instruction, and will continue when schools re-open.

When students are referred to the Bronx Early Learning Center for a multidisciplinary evaluation, a Home Language Survey is conducted with the family to determine if the child will require a bilingual multidisciplinary evaluation. If the family’s primary language is Spanish, the Intake Department staff communicate with the family in their preferred language and all written documents provided in Spanish. A bilingual evaluation team is assigned to conduct the evaluations with the student. If a student is referred by the Preschool Committee on Special Education to the Bronx Early Learning Center after he/she is evaluated, and it is determined that Spanish is the primary language of the student, if the early learning center is selected as the appropriate placement for the student, the center is able to provide the special education services in an IABP classroom with bilingual therapy services. During remote instruction this process has continued for prospective and newly placed students and will continue when schools re-open.

The Staten Island Early Learning Center is not designated as an approved Interim Alternate Bilingual Program, however; there are Spanish speaking staff onsite available for translation for family members, and who have been available to assist with remote instruction, as needed.

16. STAFFING:

It is the intention of the early learning centers to provide NYS certified Teachers for each classroom, whether services are provided via remote instruction and/or in-person instruction. Recruitment efforts for NYS certified Teachers are ongoing and have continued during school closure. Where a NYS certified Teacher is not available, teachers with supplementary certifications, Trans B certifications, COVID-19 emergency certification, and Internship Certificate certification are utilized. Teachers with the alternative certifications receive additional individualized supervision from the Director/assistant Directors, including: review of their lesson plans, organization of classroom environment, implementing monthly themes/unit, informally assessing student progress, preparing written reports, participation in team meetings, participation in IEP meetings.

**Our early learning centers will continue diligent recruitment efforts to identify and process qualified Teachers, and Substitute Teachers, as appropriate. During 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 individuals not working toward NYS certification can be first engaged for up to ninety (90) days and then beyond the first ninety (90) day period through the end of June 2021, as long as the Superintendent (i.e., VOA Director of Early Childhood Educational Services) documents and attests that recruitment efforts did not identify a fully qualified Substitute Teacher. The Superintendent (i.e., VOA Director of Early Childhood Educational Services) must attest to the shortage of qualified recruits initially and then at the end of the first ninety (90) day period. Recruitment efforts will be extensively documented.*

17. TEACHER AND PRINCIPAL EVALUATION SYSTEM

**Preschool special education 4410 programs are not subject to the specific laws and regulations regarding professional evaluation cited in the NYSED guidance.*

All staff participate in the program performance evaluation process three times per year with their Supervisor (i.e., initial at the beginning of the school year, mid-year review, and at the end of the school year).

18. STUDENT TEACHING

The early learning centers work collaboratively with colleges and universities to have student Teachers and students majoring in occupational therapy, speech therapy, physical therapy, social work, and school psychology participate in our programs. It is the intention of the early learning centers to continue to have student teachers and student clinicians participate in remote instruction and in-person services during the 2020-2021 school year. Assigned student teachers and student clinicians will be included in the three days of staff development training provided to all staff at the early learning centers prior to the re-opening of the school in September.