

School Re-Opening Plan

Submitted: 7/31/2020

Agency Name: St. Mary's Hospital for Children

BEDS Code: 342600880146

Administrative Address: 29-01 216 Street Bayside New York 11360

Program Site Address: 29-01 216 Street Bayside New York 11360

Program(s) provided at this site:

X 4410 (Pre-school Special Education

X Special Class

X Multi-Disciplinary Evaluations

:

Contact Person (Name, Title): Carol Park, Director of Early Education

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Website where this plan and any plan updates will be posted: www.stmaryskids.org

Our Mission Statement

St. Mary's Healthcare System for Children is committed to providing the health and quality of life for children and families with special needs. Our early education program addresses the academic, social, emotional, and therapeutic needs of our children, helping them to gain independence and confidence.

Who We Are

St. Mary's preschool is primarily comprised of children with complex medical needs, including children who are non-ambulatory, non-verbal, and possibly technology dependent. We also support children who have challenging social and emotional needs, who have underlying medical conditions. All enrolled children are between 3 and 5 years of age, have an IEP, and have been placed here by their respective Committee on Preschool Special Education.

INTRODUCTION

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

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

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

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

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

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

A. COMMUNICATION/FAMILY AND COMMUNITY ENGAGEMENT

1. Reopening plan was developed by the following constituents:

Director of Early Education

Program Nurse

Program Social Worker/Program Manager

School Psychologist

Infection Control Coordinator at St. Mary's Hospital for Children

Project Coordinator, Facilities Management, St. Mary's Hospital for Children

- Groups and or individuals were involved in your plan's creation or could become involved as the plan is modified or enhanced:
Leadership of St. Mary's Hospital for Children, Families of Enrolled Children, Inter-Agency Council for Developmental Disabilities (IAC of NY), and Staff from the Early Education Department

2. Communicate with and provide information to each of the following groups:

- Students: Students will be informed via their families/guardians.
- Parents/Legal Guardians: Parents will be informed via phone contact; email text and our School Remind App. Language translation lines will be provided to all families needing this support.
- Staff: Weekly staff meetings to be conducted in person and/ or remote, in a group setting, to update and maintain open communication with staff. Meetings to be co-led by school administration, hospital administration, and nursing/infection control staff from both settings, as needed.
- Visitors: The school is housed within the complex of St. Mary's Hospital for Children (a licensed residential health care facility). Accordingly, the preschool is required to adhere to the visitation policy of the nursing home. If outsiders (including community children) are temporarily excluded from the building, the preschool is prepared to immediately switch to remote instruction for all enrolled children with little disruption of education or therapy mandates.
- Teachers, school administration, nursing, therapists, teacher assistants, Nursing Home Administration, Nursing Home infection control personnel, and parents have all been included in the discussions of re-opening either a hybrid school model and/or remote learning model. A survey was sent out asking if parents are willing to send their children back in September for a hybrid model, or if they wanted complete remote. A second survey will be sent out in August. Due to the fact that St. Mary's preschool is located in

the Nursing Home, we must also abide by nursing home DOH regulations and State of New York emergency orders pertaining to nursing home facilities. Regulations and emergency orders for the Nursing Home are forever changing.

- School administration, nursing, teachers, and therapists will be communicating with their children for weekly updates. Immediate updates and guideline changes will be available on the St. Mary's website. Communication will be through phone conversations, email, text, and our School Remind App. Any updated literature and guidance will be sent to all families and explained to parents and guardians. Language Interpreters will be provided for any families who need assistance.
- Our school nurse and infection control liaison will train all staff on safe and appropriate use of PPE. Our school nurse will also review guidelines with parents and guardians regarding PPE for their children. All of our staff, private nurses, and visitors will be screened upon arrival in accordance with Nursing Home guidelines and protocols. They will have to pass a self-health check, questionnaire, and temperature check in accordance with Nursing Home guidelines and protocols.
- All of our employees will be trained by our school nurse and infection control liaison on how to follow new COVID-19 protocols safely and correctly, including but not limited to hand hygiene, proper face covering wearing, social distancing, and respiratory hygiene. Our preschool population is non-ambulatory, non-verbal, and extremely medically compromised. This is a significant challenge for our children. Our mission is to support every child's IEP while keeping them safe. All staff will support students with the appropriate COVID-19 safety protocols.
- Preschool staff will be given a copy to review and sign of the school procedure and policies before starting the new school year. Parents and guardians will also be required to read and sign school protocol and procedures before sending their child back to school. There will be signs posted around the building to indicate proper CDC and DOH guidance regarding but not limited to the use of PPE, social distancing, hand hygiene, and face coverings

3. Implementing COVID-19 protocols safely and correctly:

- Hand hygiene:
Most of our students require full or modified assistance for hand washing. Accordingly, staff will be ensuring hand hygiene via direct contact.
- Proper face covering wearing:
Due to our population many of our children are unable to remove a face covering independently. Many children who attend the preschool have tracheostomies, which adversely impact on their ability to maintain quality respiratory function. Accordingly, usage of appropriate PPE for our students will be considered on a case-by-case basis.
- Social distancing:

For our non-ambulatory children, the staff will ensure placement of adaptive seating which adheres to recommended spacing requirements. For our ambulatory children, group settings will require spacing of adaptive seating. To allow motor exploration, identified children will be maintained in specified areas of the classroom.

- **Respiratory Hygiene:**
Many of our students have compromised respiratory systems and are fully dependent upon caregivers for health and safety care. Accordingly, staff will continue to care for facial secretions, using gloves and additional PPE as needed and required by regulations.

4. The preschool is housed in a nursing home, which has extensive signage throughout the facility, describing CDC and DOH regulations. Upon entering the building, all staff have their temperatures taken, and are given a face covering if not already in possession of one. All staff must also complete a health questionnaire prior to entering the building. The preschool will continue to update families as to requirements via e-mail, phone, website, and our School Remind App.

5. The Nursing home uses a language translation service (Pacific Interpreters) for verbal communication in languages other than English. The preschool program has access to this service whose employees then translate into all languages other than English. We have the ability to provide Spanish and Mandarin communication in written form.

6. We will communicate with visually impaired community members through phone. We use a Sign Language Interpreting service for hearing impaired community members.

B. HEALTH AND SAFETY

NOTE: Students and staff will return to in-person instruction only when governmental authorities permit in-person education. Additionally any return to in-person instruction will necessitate that the school's leadership also determines the number of students and staff allowed to return in person based on: the ability to maintain social distancing; the availability of PPE, including the availability of cloth face coverings and face masks; availability of safe transportation; local hospital capacity according to the local Department of Health

NOTE: At this moment Dept. of Health has publicly stated that Nursing Homes and LTC facilities will be allowed limited visitation as long as they are without COVID-19 for at least 28 Days. We have had 0 patients infected with COVID however we continue to test staff as required by DOH and we have had positive cases (including false positives). According to DOH and Governor Executive Orders, Until the Nursing Home can be COVID free for 28 consecutive days we cannot resume visitation. Visitation includes community children which is our preschool. In addition we will be creating a complete separate entrance for our students. The preschool would be isolated from the nursing home, until Executive Orders are lifted or the nursing home is 28 consecutive days COVID free,

1. Commercially reasonable and best efforts will be utilized to have staff and students be distanced 6ft apart as appropriate while meeting IEP goals and maintaining student safety. Each classroom will be its own independent cohort. School will not allow intermingling between cohorts. Outdoor playground time will be scheduled for one cohort at a time. PPE's will be provided to staff upon arrival to building. Since school is based within the Nursing Home, PPE is regularly supplied and will be restocked as needed. Updates in regards to PPE supplies will be discussed weekly with hospital liaison. Safe transportation will be based upon DOE bus regulations, and any non-compliance observed by the DOE bus companies will be reported to the appropriate department. Local hospital capacity will be reviewed by school nurse.
2. School administration, staff, parents/legal guardians of students, and Nursing Home administration will be engaged and notified of all reopening protocols and procedures. Frequent two way communication with all stakeholders and community members will be maintained via emails, phone calls, *Remind* app, and website for any updates related to the school's health and safety protocols and procedures. Any potential exposure or positive COVID case(s) will be communicated with all necessary parties.
3. All students, faculty, staff, and visitors will be encouraged through verbal and written communication to adhere to CDC, DOH, and Nursing Home guidelines while on school premises. Instructions, training, and signage will include but is not limited to proper hand hygiene, respiratory hygiene, social distancing, PPE and face coverings, and cleaning and disinfection. All practices will be in accordance with CDC and DOH guidelines, which may have to be modified based on updates made by the CDC and DOH. To date based on the DOH guidelines and State Executive Orders for the Nursing Home during first reopening phase, no visitors including; parents/legal guardians and students will be allowed in school. Limited contractors and vendors will be allowed entrance into the building as necessary. They will have a temperature check and complete a verbal screening questionnaire prior to entrance. As per DOH guidelines, if an individual presents with a temperature of 100°F or greater, exhibiting or admit to COVID 19 symptoms, or recent COVID 19 exposure in the past 14 days will not be allowed into the facility. When it is appropriate and safe then modifications will be made as necessary. Email, school website, *Remind* app messages and phone calls will be used as consistent means to provide individuals with information.
4. Staff will be educated by school nurse and the Nursing Home infection control liaison to observe students and other staff members for signs of any type of illness: flushed cheeks, rapid or difficulty breathing (without recent physical activity), fatigue and or irritability, and frequent use of bathroom. Students and staff exhibiting these signs with no other explanation for them will be sent to the school nurse office for assessment. School staff and students' families will be educated on the symptoms of Multisystem Inflammatory

Syndrome in Children associated with COVID. Families will be sent education material via email and written communication to their homes.

- 5 School will implement health screenings including required daily temperature checks and completion of a screening questionnaire for staff. Questionnaire will include but is not limited to: positive COVID testing within past 14 days, any symptoms of COVID 19, and any recent exposure to positive cases of COVID 19. Students will have daily temperature checks upon arrival to school. Periodic student/family screening questionnaire will be completed with parents/guardians starting weekly in phase one of reopening. Hybrid or while in remote learning, the responsibility of periodic student/family screening questionnaire will be divided among teachers, school administration, and nursing staff. Student/family screening questionnaire will include but is not limited to: child or family member in household tested positive for COVID in past 2 weeks, completed 14 day quarantine, signs/ symptoms resolved, child or household member exhibit any signs/symptoms of COVID 19 in the last 2 weeks, anyone in household travel internationally or from a state with widespread community transmission of COVID 19 in the past 14 days. Periodic student/family screening questionnaire will be conducted over phone, through email, and/or paper checklist.
- 6 Any ill staff or students will be assessed by school nurse for the most common symptoms of COVID -19 based on the CDC. Signs and symptoms include: fever (100°F or greater), chills, sore throat, cough, shortness of breath, body or muscle aches, headache, fatigue, new loss of taste or smell, congestion or runny nose, nausea or vomiting, and/or diarrhea. This list of symptoms is not all inclusive and may be modified following the CDC website updates. Any staff with a fever of 100°F or greater and/or any of the above listed symptoms will be sent home. Students with a fever of 100°F or greater and/or any of the above listed symptoms will be isolated to a designated room under the direct supervision of a staff member from their assigned cohort. Parent/legal guardian will be called for immediate pick up of child. Both staff and student will be instructed to follow up with a healthcare provider.
- 7 The school employs a fulltime registered nurse (RN). We are also housed in a Nursing Home which allows us to have access to Medical Doctors, additional nurses, and Respiratory Therapists as needed. School has a nursing office for healthy students who have injuries, need their medications, or nursing treatments. School also has a designated second room for isolating, assessing, and caring of ill students and staff members. Any staff with a fever of 100°F or greater and/or any of the above listed symptoms will be sent home. Students with a fever of 100°F or greater and/or any of the above listed symptoms will be isolated to a designated room under the direct supervision of a staff member from their assigned cohort. Parent/legal guardian will be called for immediate pick up of child. Both staff and student will be instructed to follow up with a healthcare provider.

- 8 Limited contractors and vendors will be allowed entrance into the building as necessary. As we are housed the Nursing Home, we are required to adhere to the agency's policy for screenings. Accordingly, ALL adults who enter the preschool entrance must have their temperatures taken, must wear a facial covering (and will be provided one if they do not have one) and must complete a brief written health questionnaire, to identify any individuals who may have COVID 19 or been exposed to COVID 19. As per DOH guidelines, if an individual presents with a temperature of 100°F or greater they will not be allowed into the facility. When it is appropriate and safe then modifications to this plan will be made as necessary.
- 9 School will provide education to staff and parents/guardians via email, phone call, verbal and written communication regarding daily monitoring for any signs of illness or COVID 19. Staff and parents/guardians of students will be instructed that a health screening must be conducted each morning before staff reports to work or parent/guardian sends their child to school. As per the CDC and DOH, signs and symptoms include: fever (100°F or greater), chills, sore throat, cough, shortness of breath, body or muscle aches, headache, fatigue, new loss of taste or smell, congestion or runny nose, nausea or vomiting, and/or diarrhea. Any staff member or student with a fever of 100°F or greater and/or symptoms of possible COVID -19 virus infection will be instructed to not report to school. School staff and students' families will be educated on the symptoms of Multisystem Inflammatory Syndrome in Children (MIS-C) associated with COVID. Families will be sent education material via email and written communication to their homes. Parents/guardians will be sent weekly reminders via email, telephone, text, or written notices about self-screening. Written notices will be sent to students' homes in parent/guardian's native language where it is known that families cannot access the information through other methods.
- 10 The Nursing Home has installed multiple hand sanitizing dispensers throughout the preschool wing. These dispensers are in each classroom, in the hallways, and in most adult-only offices. We have handwashing facilities in every classroom as well as in all child and adult bathrooms in our wing. Our present equipment exceeds the requirements of the Bureau of Day Care. Implementation of safety protocol will be reinforced throughout the school with written appropriate signage including but not limited to: technique and duration of hand washing, when to wash hands with soap and water instead of hand sanitizer, appropriate face coverings at all times, wearing gloves and/or gowns when in contact with bodily fluids, adherence to 6ft social distancing, properly discarding PPE, sneeze and cough etiquette, and use of the nearest waste receptacle to dispose of the tissue after use. Signage will be displayed in high traffic areas throughout the school.
- 11 School will designate area for student drop off and pickup, with limited contact with parents/ guardians. Each classroom will be its own cohort. School will not allow intermingling between cohorts. Outdoor playground time will be scheduled for one cohort at a time. Staff assigned to one cohort will not be rearranged. Cohorts will eat

lunch in their designated class and students will be spaced 6ft apart, or in separate groups to accommodate. Student changing areas and staff restrooms will be limited to 1-2 students and/or staff members at a time and staggered to ensure social distancing. Staff will be instructed to not congregate around common areas, including but not limited to printer/copier machine, water cooler, and supply areas/rooms. School will ensure all persons in school building keep social distancing of at least 6ft whenever possible while maintaining student safety. Students will wear face coverings as appropriate, based on medical consideration and with input from the child's primary care physician, as well as our school nursing staff. Based on student population, social distancing with students may be difficult in order to implement students' IEPs.

- 12 In accordance with the CDC and DOH guidelines, during school hours all staff members and appropriate students as per parent/guardian's request, who are at high risk or live with a person at high risk, will be offered additional PPE. Since the school is located within the Nursing Home, staff members will also be directed to the Human Resources Department to discuss additional accommodations.
- 13 All staff members, vendors, contractors, and visitors in school facilities and on school grounds will be required to wear face coverings, either surgical mask or cloth mask. School staff members will be provided with surgical face masks upon reporting to work and replaced as appropriate. Staff will have the option to wear their own face covering. Face shield with visor masks will provided as requested for staff at high risk, and to staff providing direct care to students with tracheostomy and/or receiving respiratory treatments. Protective eye wear, including but not limited to face shields and goggles, will be provided to staff during school hours. Protocol may be modified as necessary in accordance with the CDC and DOH guidelines. Based on student population and school being located within the Nursing Home, staff will not be permitted to wear cloth face coverings. Due to the school's population, appropriate and consistent use of face coverings may be challenging for some children. School will encourage parents/guardians to have children wear face coverings as appropriate for developmental age and medical diagnoses. In accordance with the CDC and DOH, families will be educated that children should not wear face coverings if they have trouble breathing or physically unable to remove the face covering without assistance.
- 14 Since school is located within the Nursing Home, adequate supplies of face masks, gloves, and disposable gowns for staff and healthcare professionals will be provided by the Nursing Home. .School administration staff and nursing staff have direct communication with medical supply liaison to restock supplies as needed. The school is housed in a medical facility, accordingly, we are held to a high standard of cleaning and disinfecting our environment. Facilities management has purchased a portable UV machine, that is used at least weekly in all areas of the preschool, including classrooms, hallways, and treatment spaces. All classroom staff are routinely engaged in cleaning and disinfecting surfaces and toys within the classroom.

- 15 Members of students' households as well as staff are required to notify the school when they develop symptoms of COVID 19 or receive positive COVID 19 test results. If there is a confirmed case of COVID within the school, children and staff of the exposed cohort will be stopped and have to complete a 14 day isolation period and will begin immediate remote. If there is any cross exposure of cohorts, the school will switch to complete remote learning for a 14 day isolation period. All areas used by exposed or COVID positive individuals will be thoroughly cleaned and disinfected. When feasible 24 hours waiting period will be implemented before cleaning and disinfecting to minimize potential for other employees being exposed to respiratory droplets. Outside doors and windows will be opened to increase air circulation. All staff and families of the cohort and exposed cohort will be notified via telephone and informed of necessary isolation period.
- 16 Students and staff following a positive screen for COVID 19 symptoms, illness or diagnosis of confirmed case of COVID 19 or following quarantine due to contact with a confirmed case of COVID 19 can return to the school after complying with the Nursing Home and DOH guidelines.
- If an individual tests positive for COVID 19, regardless of whether they are symptomatic or asymptomatic, the individual may return to the school upon completing at least 14 days of isolation from the onset of symptoms or 14 days of isolation after the first positive test if they remain asymptomatic. In both cases, the individual will have to provide proof of a negative COVID 19 test result.
 - If an individual is symptomatic upon arrival to the school or becomes sick with COVID 19 symptoms while at the school, or in close proximity to a person with COVID 19, that individual may return to school upon completing at least 14 days of isolation from the onset of symptoms with receipt of a negative COVID 19 test result.
 - If an individual has had close or proximate contact with a person with COVID 19 for a prolonged period of time **AND** is experiencing COVID related symptoms, the individual may return to the school upon completing at least 14 days isolation from the onset of symptoms.
 - According to the DOH and CDC guidelines, close contact is considered to be someone who was within 6 feet of an infected person for at least 10- 15 minutes starting from 48 hours before illness onset until the person was isolated.
 - For students the return to school policy includes and is not limited to, at minimum, documentation from a healthcare provider following evaluation, negative COVID 19 diagnostic test result, and symptom resolution. Staff members will follow Nursing Home Employee Health Services protocol for

medical clearance to return to work. Plans may be modified based on guidance from the CDC, Nursing Home, and DOH.

17. St. Mary's Hospital for Children's housekeeping staff will clean and disinfect the school every evening as per protocol. Frequently touched objects and surfaces throughout the school will be sanitized and disinfected in between staff and student use. Staff will be instructed on proper use of gloves when cleaning, sanitizing, and disinfecting surfaces. Proper hand hygiene will be maintained before and after cleaning, sanitizing, and disinfecting. School will remove or move all soft and porous materials and toys from classes. Visibly soiled areas will be cleaned with soap and water prior to disinfecting. Any bodily fluids will trigger immediate call to housekeeping for proper cleaning and disinfecting. Outdoor common area equipment will be sanitized and/or disinfected between children and cohorts.

18. Fire drills will continue to require exiting the building. Once outside, social distancing can be maintained. Locked down drills will entail all staff and students to remain in place, typically the classrooms, where social distancing can be maintained. Fire and lockdown, will continue to follow current protocol with the addition of maintaining social distancing.

19. Preschool Program director and/or Preschool Program Manager will be the designated staff members to ensure and reinforce continuous compliance with all aspects of the school's reopening plan in accordance with the CDC, DOH, and NYSED guidelines. Plan may be modified as needed to meet changes of the CDC, DOH, and NYSED guidelines.

20. Staff will receive covid testing 7 days before students and staff return to school. Additionally, our staff will be tested once a week under DOH nursing home guidance.

21. We will adhere to the guidelines adapted by the Nursing Home. At the present time, visitors are not allowed. Only staff has access to the building. There are no residents currently identified as having Covid 19. Should any staff member become so identified, said staff member must quarantine for 14 days. The following two individuals have been identified as the contact person for information and compliance protocol during this time period:

Chantelle Brewer, School RN cbrewer@stmaryskids.org

Judith Fine, Infection Control Coordinator, jfine@stmaryskids.org

C. FACILITIES

1. The preschool will remain in compliance with all applicable codes and regulatory requirements.

2. Based on our classroom ratios, current enrollment, and staffing model, we did not revise our fire drill or lockdown plans. We are always able to maintain social distancing due to our small class sizes, ample space, and immediate access to ground level egress to a large playground. This playground allows us to maintain social distancing.
3. At the present time, the preschool program is the only program that enters and leaves the building at their assigned times. Our program times do not coincide with the shift schedules of the nursing home. Accordingly, we will be entering and leaving the preschool area as sole users during our defined program hours.
4. Classroom doors and windows can remain open to assist with fresh air and ventilation.
5. We have handwashing facilities in every classroom as well as in all child and adult bathrooms in our wing. Our present equipment exceeds the requirements of the Bureau of Day Care.
6. The Nursing Home has installed multiple hand sanitizing dispensers throughout the preschool wing. These dispensers are in each classroom, in the hallways, and in most adult-only offices.
7. Most of the residents of the facility are non-ambulatory; accordingly, their adaptive seating (wheelchairs) can be placed at appropriate distances as needed.
8. The Nursing Home is required to follow all ventilation and air flow regulations as deemed necessary by the Department of Health. The preschool wing is likewise covered under these expectations.

D. NUTRITION

1. We participate in the CACFP program which ensures that all children have access to school meals.
2. Nutritional Services, a Nursing Home department, adheres to all regulations as required for Nursing Homes.
3. We have historically posted all food allergies in the respective classrooms. Our school nurse is made aware of all allergies and meets with each team to discuss. Staff is fully informed as to these ramifications. Most of our children are non-ambulatory; accordingly, staff routinely place adaptive seating devices at appropriate distances.
4. Our program serves food in respective classrooms, with all classroom staff available for feeding support as needed. Staff use appropriate PPE while feeding students.
5. Students will continue to eat in their respective classrooms, typically seated in their adapted seat, distanced from their peers by the staff.

6. Most of our children require full assist for hand hygiene; accordingly, staff will continue to provide direct contact assistance to ensure hand hygiene.
7. All children are given their own portions on disposable plates. Many children are fed via gastrostomy tube, which is administered by nursing staff. Many children are on special intake diets (puree or soft solid consistency) and are typically fed by staff.
8. We participate in the CACFP program and are routinely reviewed for quality assurance by this agency.
9. We describe our meal program to our parents. This is an area of high concern for our families (oral food intake) accordingly many of our children are under the care of their gastroenterologists for diet and food intake management. We also have many children who have not been cleared to take food orally, accordingly, school nurse services manage their nutritional intake.

E. TRANSPORTATION

NOTE: Transportation for students with disabilities enrolled in 4410 and/or 853 programs are provided by the student's respective school district. School programs, however, are involved in the embarking and disembarking of students.

1. Students are retrieved from their buses one bus at a time. Staff (Teacher Assistants and Teacher Aides) will escort children to their respective classrooms, where they will be prepared for health screenings by the classroom teacher.
2. To date no pre-k bus vendor has a contract.
3. Students will not remain in the lobby (building entrance). They will be transported directly to the classrooms.
4. Children will be placed on buses at the end of the school day by respective staff.
5. Our buses do not necessarily arrive at the same time, which allows for a staggered schedule for removing children from the bus and transporting them to their classrooms.
6. Parents will be required to release their child to a staff member in the lobby of the building, when parents/visitors are allowed under DOH guidelines to return to the Nursing Home.
7. Staff will sanitize the hands of children once they are in their own classrooms, as they are being undressed (coats, etc.) and during diaper changing.

F. SOCIAL EMOTIONAL WELL-BEING

1. School Climate Team will consist of School Psychologist, School Social Worker, Teachers and Therapists. Teachers will communicate with families and collaborate/communicate needs of families, students, and behavioral concerns, needs of consultation with families with School Climate Team, School Psychologist and School Social Worker.
2. Staff Trainings/Staff Development to be provided to staff members on on-going basis. Trainings will include, but not be limited to the five core Social/Emotional Competencies, Trauma Responsive practices, ACEs, Positive School Climate, Compassion Resilience, Collaborative Problem-Solving, Self-Care practices, Social Awareness, Culturally and Linguistically Responsive-practices. Social Worker and/or School Psychologist to review protocols with Nursing Home mental health team, including the Director of Patient and Family Service
3. The school will foster a positive school climate and the social emotional well-being of adults returning to school in the fall. The school will develop and enact structures that encourage human connection, and that acknowledge it is necessary for us to take care of our physical and emotional safety and comfort before we can effectively teach and learn. The school will offer ongoing professional learning opportunities through Staff Trainings/Staff Development and access to resources for adults to develop and strengthen their own social and emotional competencies, opportunities to heal together, to build strong, mutually supportive relationships, and to process their own emotions. Such trainings shall include, but not be limited to, community well-being (including trauma-responsive practices), social emotional learning, mental health education, culturally and linguistically responsive-sustaining practices, implicit bias and structural racism, and facilitating difficult conversations about race. We will continue to access the mental health team of the organization to review and support our on-going work with families.
4. School will provide list of community organizations resources/referrals to address mental health, as well as behavioral and emotional support services for families. Resources may consist of: state provided mental health support, organizations, online empirically researched-based information and/or community organization contact information.
5. Staff Trainings and Staff Development to be provided to staff members on an on-going basis. Trainings will include, but not be limited to the five core Social/emotional competencies, Trauma Responsive practices, ACEs, Positive School Climate, Compassion Resilience, Collaborative Problem-Solving, Self-Care practices, Social Awareness, Culturally and Linguistically Responsive practices. Research supports the effectiveness of explicitly teaching social emotional skills and competencies.

6. Social emotional well-being and learning is addressed in the admission process. It is a component of each child's IEP and is incorporated throughout the school day. Each child has Social/Emotional goals as part of their IEP and it is documented on the CPSE Outcomes form as the child enters the CPSE system and scored yet again as the child exits the CPSE system.

G. SCHOOL SCHEDULES

1. Program hours for children will remain the same. They were established to minimize "traffic" and congestion in the preschool entrance to the building.
2. Classroom staff, therapists, nursing, Social Work, School Psychologist and Administration will be present in the preschool on a daily basis. A possibility of clerical support staff may continue to work remotely or on a staggered schedule.
3. We will continue to maintain a remote work staff including clerical support staff and evaluation staff as practical.
4. The school schedule has been arranged to minimize congestion in the preschool entrance. We are self-contained in one wing of the building, and will consistently remain in this wing and playground area.
5. The program operates 8 classrooms. Every two rooms will be considered a cohort for the purposes of staffing. This includes utilizing Teacher Assistants as "subs" for absent staff only in the cohort classroom. A team of Therapists (one OT, PT and Speech) will be assigned as a cohort to one set of classrooms.
6. We will once again use the School Remind App, as well as direct phone contact and school memos, to engage all stake holders when considering alternative scheduling.
7. The organization utilizes Pacific Interpreters who provide all oral translations for any diverse language needs of the families in the preschool. With regard to written communication, the preschool employs staff who will transcribe written materials into both Spanish and Mandarin.
8. All students in this program have been identified as Preschool Students with Disabilities, and have an IEP in place. Accordingly, the goal has been and continues to be access to a Free Appropriate Public Education (FAPE) for all.

H. BUDGET AND FISCAL

1. Education staff continues to work with the Finance Department of the organization in order to budget and predict expenses accordingly.

2. The organization has an active fund raising and grant writing department. The education program will engage with these colleagues to enlist their support to obtain additional funding as needed.
3. We would consider staff reduction for those personnel not engaged in direct student support and/or not directly impacting on student/teacher ratio, or IEP mandates. We would consider wage freezes. We would actively work with the Foundation and fund- raising arm of the organization to enlist their support to obtain additional sources of revenue as needed.

I. ATTENDANCE AND CHRONIC ABSENTEEISM

1. Attendance is recorded on a daily basis. These numbers will be aggregated and shared with Administration weekly. At the end of each school week, Administration will meet to discuss data and develop plan for outreach for the following week. Identified families will be grouped and assigned to a member of the Administration team, who will then begin extensive outreach practices. This will include, but not limited to, phone calls, e-mails, and hard copy mail, on an as-needed basis.
2. All families participate in an extensive intake process upon admission to the program. This process has been instituted and formalized over time based on our experiences working with children with complex health and medical needs and their families. During the intake process relationships with the School Social Worker and the School Nurse begin to develop. These relationships are nurtured over time due to the on-going communication that we maintain with our families. Our population is primarily composed of medically fragile children. Accordingly, consistent and open communication with families is not only crucial for the child's continued safety and well-being, but also an inherent component of a preschool dedicated to medically fragile children and their families. Relationships are at the heart of what we do. The majority of our children are non-verbal and are not able to share their school experiences with their families at the end of the day. The families entrust us with the care of their compromised children, knowing that open communication with staff is the primary way and often the only way that families learn and understand what their children are doing throughout the school day. Our work with families is constant, consistent and at the very core of what we do.
3. We are committed to parent engagement and support. We will continue to call, use email, and hard copy via US mail, as needed, in order to engage families in the learning process. We understand the challenges and obstacles facing many families during these challenging times. We are prepared to offer a modified schedule, and/or flexible schedule, as needed, if this will encourage even modest participation on the part of families who may be struggling with the demands of remote learning. A personalized model would be considered, as needed, if this would enable a family to participate on even a reduced schedule.

4. The CPSE Administrator will need to be included in any proposed changes or modifications being offered to families who are challenged by the remote learning process. A consideration to modify the IEP would be discussed with the District Administrator.
5. The Nursing Home contracts with Pacific Interpreters to engage with families who speak languages other than English. This service is used for phone and person to person verbal contact.
6. We conduct an annual training to review protocols and responsibilities of our staff as mandated reporters.

J. TECHNOLOGY AND CONNECTIVITY

1. Each family was questioned if they had internet service, smart phone, tablet, or access to any listed above. If a child does not have access to a tablet, they must request an iPad from the DOE. Staff supports each family with filling out appropriate forms if necessary.
2. Staff members who are having difficulty at home with technological support have access to the Hospital's technology team (MIS). While students and staff are in the building the school provides any technology that is required.
3. Many of our children due to socio-economic difficulties may not be able to access internet or have a personal device. However, teachers and therapists work together and make sure to send home supplies. These supplies help support the goals on a child's IEP, along with but not limited to sensory, tactile, and visual input.
4. Teacher, therapist, school nurse, administration, and the Nursing Home administration continue meetings remotely, to keep all parties informed.
5. The Nursing Home's MIS team helps support internet security :
6. We can assess the effectiveness of the digital tools and platforms we are using, via surveying all constituents. This can be accomplished via phone calls, Remind App, or written surveys sent to families.
7. For many of our families we understand that remote learning has its challenges. Our teachers and therapists have worked very hard to develop a schedule that works for each family. We focus on support and a schedule to ease the stress of our children and their parents/guardians.

K. TEACHING AND LEARNING

1. We are committed to the implementation of the IEP for all children. Due to the nature of our population our program is by definition a hands-on model. When implementing remote instruction for our students, we understood that a significant part of our work

entailed parent support and training. Parents were encouraged to engage with their child for the length of the session, and were supported in their ability to follow through with the activities and experiences being offered through this model.

2. Our instruction supports and aligns with the New York State Learning Standards and is implemented through the IEP.
3. Parents are facing a myriad of challenges with remote instruction and St. Mary's personnel are actively engaged with a variety of modalities to reach and sustain parent engagement. We use the services of Pacific Interpreters to sustain our work with families who speak languages other than English. Our Social Worker, School Psychologist, and leadership staff work diligently to maintain contact with families.
4. All students have been offered all services as delineated in their IEP's. Related services such as OT, PT and Speech therapy are likewise being offered currently through a remote model. Mandates have been maintained. Special Instruction has been offered through a variety of modalities including but not limited to, a Zoom platform, prerecorded videos, phone conferences, Face Time and Web Ex.
5. The population that we serve is primarily children with significant health and medical histories with overall developmental delays. Accordingly, for many of our families, the very survival of their child took precedence over education. Part of our responsibilities has always been to help and support parents to look at all the developmental domains of their child. We rejoice in small gains, and look towards helping children develop independency to whatever degree possible. Our goal is to help parents enjoy the parent-child relationship, and to learn how to use "teachable moments" to encourage play, reciprocal engagement, and maximizing opportunities to address the learning process.
6. We have encouraged the use of our program App, Remind App, for all parents. This allows the school to reach parents quickly and efficiently. The Nursing Home contracts with Pacific Interpreters, which gives us access to translators who can verbally translate into any language. Parents routinely call the school, in their home language, and leave a message asking us to return their call in their language of choice. This process has worked overtime and has been particularly successful. Teachers respond to e-mails and will routinely include support personnel (Social Worker, School Psychologist) as needed.
7. We anticipate that for many children, a regression in skills across domains may have taken place. Accordingly, it is crucial that our initial work with children focus on getting base line information with regards to current levels of performance across all developmental domains. The IEP can be used to guide us as to previous accomplishments and we will work to re-engage children in the teaching/learning process.
8. We anticipate that for our population of young children with significant health and developmental delays that a return to in-person instruction will prove to be challenging for many children and families. Accordingly, we will emphasize and focus on the social/emotional well-being of our children and families as they return to a school

model. Our hands-on, play based model of instruction, will allow children to express their emotions through means other than verbal, and we will give children the time and space to explore their environment comfortably and at their own pace.

9. Our program model is one of routine, consistency and schedule. We employ visual, tactile and verbal schedules to support children as they follow the routines of the day. A return to the consistency and predictability of school will be a structure that will enable children to recoup many of the skills and behaviors that were demonstrated prior to the commencement of remote learning. We believe that using our multi-sensory approach to engage children, and the familiarity of this environment will help to support children's reengagement with the school and our program.
10. Our staff are particularly skilled in observing and recording the non-verbal cues that we receive from our students. We are attuned to changes in affect, diet, facial expressions and overall demeanor, which allow us to "read" our student's state of readiness and engagement. We will continue to meet regularly with staff, encouraging cross disciplinary conversations, which will allow teams to share information and data about the children in our care.
11. The diagnostic tool of choice for our population is the DAYC-2. Teachers are skilled and experienced in the implementation of this assessment tool. The majority of our children have been assessed using this tool prior to their admission to the program. It is also used for Annual Review assessment for our currently enrolled students. Accordingly, we have access to rich baseline data to begin to plan educational programs for our children as they return to face to face instruction.
12. Many of our children receive their nutritional intake via gastrostomy tubes. These children will continue to receive their feedings via our school nurse through a medical model. Additionally, many children are on restricted or modified oral diets, which may include a diet of puree or soft solids. These meals are prepared through the Department of Nutritional services from the Nursing Home and are child specific. The remaining children are served meals that meet the CACFP guidelines. All children eat in their own classrooms, as many children need full adult support to eat. Social distancing is maintained through the spacing of adaptive seats by the adults. Children who are ambulatory, eat at a table with their peers, maintaining social distancing.
 - a. The majority of our population are not toilet trained and are not independent in many of the activities of daily living. Accordingly, staff will continue to provide hands on care for diaper changing, hand washing and overall health and safety management. All classrooms have sinks, and diaper changing stations are available in student bathrooms. A maximum of two classes will be assigned to any one bathroom. Class usage of the bathrooms will be on a staggered basis. Our class size is typically 8:1:2 so the maximum number of children assigned to any one bathroom is 16 children, which exceeds Bureau of Day Care guidelines.

- b. The majority of our children are non-ambulatory and are unable to make a “choice” of what center time they would like to explore. Accordingly, our teachers bring the center to them. We will maintain social distancing through the use of our staffing ratio, which is 8:1:2, allowing us to have a maximum number of 3 children working in proximity to one another at any given time. Our classroom space allows us to maintain social distancing via small group instruction under the supervision of an adult.
 - c. Practices that will be implemented in reducing the need for sharing of materials; each child has a plastic basket or bin, which is used to hold toys that have been directly used by them. As needed, the toys in the bin are washed and disinfected and then returned to the classroom inventory. Throughout the day, staff routinely clean materials and reintroduce them into the classroom environment. The bin itself is accessible to adults only, and cleaned at the end of the school day. In this way, we can monitor toy usage, and continue to clean and disinfect as we move through the day. This model has been particularly effective for our population.
 - d. Each classroom has a sink, which allows for the ongoing cleaning of materials and toys. The Nursing Home provides us with medical grade sani-wipes which are used throughout the day to wipe down surfaces as they are used.
 - e. Our students are not necessarily able to hold hands with a peer. The majority of our children are seated in adaptive seating, and will be placed throughout the classroom in positions that will ensure appropriate social distancing.
13. Since the inception of our remote learning program staff have implemented numerous strategies to promote a balance between screen time and authentic learning experiences. Staff prepared packets of materials for the children in their class, which were either mailed or in some cases, hand-delivered to each child’s home. These materials were referenced by the teachers as they were planning the remote learning sessions. Parents were asked to have specific items such as crayons and paper, shaving cream, bubbles, etc., ready and available to the parent and child prior to the start of the session. These tangible items were then incorporated into the sessions. Therapists prepared notes for parents detailing what specific activity would be the focus of the next session. Examples of this would be, OT’s would ask parents to engage the child in 10 to 15 minutes of sensory play, explaining what materials could be used for this activity. Therapists would then follow up with a phone call, asking the parent how the child responded to the activity. In this way, the child was offered a mix of remote (screen) engagement as well as activities that were directly in front of the child, (art materials, and sensory materials) which the child could touch and manipulate during the session as needed.
14. The Nursing Home has closed the building to all visitors at the present time. Families have not been permitted to see their resident child in person. Visitation through the window has been allowed. Vendors, interns, volunteers, have likewise been excluded from entrance into the building. Accordingly, the preschool will not allow visitors,

including family members, into the preschool wing. Families will be permitted to drop off children at the preschool entrance, where a staff member will escort the child into the wing of the preschool program.

15. We currently run a program of 8 classrooms. When we transition to a hybrid model. We will have a maximum of four classrooms in the building on any given day. Of the four rooms, there will be two cohorts of two rooms each. Each cohort will attend school two days per week. Accordingly there will be children in the building four days per week. Therapists will be assigned to only one cohort. Staff absences will be covered by staff in the same cohort. Monday is a remote learning day for all. This is also the day dedicated to a “deep cleaning”.
16. Best practices include:
 - a. The preschool staff practice multisensory hands-on teaching and learning. We have been able to send materials home to families that replicate many of the materials that we use here in school. Accordingly families have been encouraged to use manipulatives, toys, sensory materials and often, the child’s own toys, to help them to simultaneously engage with the teacher, mirroring the activity at home.
 - b. Increasing and improving communication skills is a consistent and universal IEP goal for our students. Accordingly, a part of each remote session is set aside for the child (or typically the parent) to choose a toy that may be a favorite, to “share” with the teacher. The teacher (or therapist) will model quality engagement with the toy, and model appropriate language for the parent to use as well. The child will be encourage to point, play, make eye contact, show pleasure and to explore the toy, sharing with both the parent and the teacher/therapist.
 - c. St. Mary’s preschool staff have been actively reaching out and responding to families. All families have the e-mail contact information for their child’s teacher and therapists. Teachers reach out to families both prior to and subsequent to the remote learning session. Follow-up activities are revised and modified based on parent feedback.
17. We are required to create functional groups in our classrooms. Accordingly children are grouped or will be grouped in a cohort of children with similar skills and learning needs.
18. Recent staff development activities included training in culturally responsive awareness and teaching. Staff are encouraged to be sensitive to the communities and cultures of origin of our families.
19. Models for school programming at the present time are regulated and defined by the current status of the Nursing Home. Accordingly, all plans listed below are tentative based on the DOH guidelines for the nursing home, which states that we cannot allow community access to the building until the nursing home has been Covid free for 28 days. Our goal is in person education; however this will be predicated on Nursing home guidelines. We will be 100% remote until October 5th, implementing separate access for the preschool.

20. After October 5th we are planning on our hybrid model. The preschool will be completely isolated from the nursing home. This allows the preschool to isolate children and staff. There will be a separate entrance for preschool only. A screening station will be set up in the preschool entrance. Bussing will be re-routed to the back of the nursing home that is designated strictly for the preschool. The preschool will not share any common space with the nursing home until DOH mandates are lifted.
- a) Our in person model will include all eight classrooms that we are currently running. Seven of these classrooms are an 8:1:2 model, and can be accommodated in the spaces that we currently use. Our classrooms are large, and have been approved by the Bureau of Day Care for at least 4 more children per room than we currently enroll. Accordingly space is ample and allows for exploration and social distancing as needed.
 - b) Our program day runs from 8:15 to 1:45 p.m. We rely almost exclusively on NYC DOE provided transportation for our students, who typically come from a wide geographical area. Busses arrive on a staggered basis. Few of our children are brought to school by their parent/guardian. We can ensure that children will be entering their separate entrance while still maintaining social distancing requirements.
 - c) Remote learning:
We will continue with the model that we established in March of 2020. Children will be included in both live and recorded remote sessions, for both classroom instruction and related services (Therapy). On-going parent communication and training has allowed us to tailor our program to meet the needs of our medically compromised students. Parents have been encouraged to recreate many of the experiences that the children are offered in school via materials that we have sent home to families, as well as by modeling how to engage their child with materials already found in their home, such as the child's toys, kitchen items, sensory materials and music.
 - d) Blended/hybrid learning: Our blended model will reflect a four classroom grouping, out of the eight classrooms we are running. Four classrooms will be considered group A and four classrooms will be considered group B. Group A students will attend Tuesdays and Wednesdays and group B students will attend Thursdays and Fridays. Mondays, all staff will be working remotely, creating materials, responding to families, preparing lessons, completing annual reviews, and meeting with administration as well as with the colleagues to continue planning. They will also be providing remote instruction as the 5th day of weekly instruction per child. Of the four classrooms attending at any given time, a group of two classrooms will be considered an on-site cohort. Therapists will be assigned to one of these two cohorts. Their caseload will consist of children from these two classrooms only. On the two days that the Group (A or B) are not in the building, teachers and therapists will be offering remote sessions. Accordingly children will receive two days of in-person instruction and three days of remote instruction per week.

L. CAREER AND TECHNICAL EDUCATION

NOTE: *CTE does not specifically apply to 4410 programs except for the basic Learning Standards which can be achieved in remote, blended or in-person preschool instructional models.*

M. ATHLETICS AND EXTRA CURRICULAR ACTIVITIES

NOTE: *While athletics and extra-curricular activities are generally not part of any 4410 program and may have only limited manifestation in an 853 program. However, should such events or activities be contemplated and permitted by governmental authorities, our agency will comply completely with the guidance and requirements set forth in the DOH Interim Guidance for Sports and Recreation During the COVID-19 Public Health Emergency. Should facilities under our control be used at any time by external community organizations, those groups will be required to follow State and local directives and health requirements regarding social distancing, hygiene, and sanitation.*

N. SPECIAL EDUCATION

1. We are committed to the full implementation of the child's IEP in accordance with all applicable rules, regulations, and guideline. Accordingly, the work of the staff will focus on activities and lessons that address each child's goals and short term objectives. We attempt to consistently individualize the activities to address both the strengths and weaknesses of each child. We modify the materials and we modify our expectations, based on the child. We incorporate multisensory and hands-on learning whenever possible. We encourage parental involvement and enjoyment in their child's learning.
2. Therapists routinely contact and dialogue with the family prior to remote sessions. During this conversation, parents are encouraged to have necessary materials available and are advised as to how the session will proceed. Parents whose primary language is other than English can be reached via Pacific Interpreters, which is the language translating line that the Nursing Home uses for contacting non-English speaking families. This service is available 24 hours per day, and also available in any and all languages required by the school. Families have the work e-mail address of all teachers and therapists as well as of the administrative and support staff and nursing. Staff are encouraged to respond to families as soon as possible.
3. Our policy has always been to work cooperatively with the CPSE Administrators. Over time, we have developed collegial relationships with the Administrators who are assigned to our program and have a history of good communication. We will continue to include them consistently and in a timely fashion. Parents are also encouraged to reach out to their child's CPSE Administrator if and when the need arises.
4. We have been able to support our population with adaptive equipment, (seating and positioning), adaptive materials (including adaptive communication devices) and modified materials for ADL skills (adaptive bowls, spoons, switch activated toys). These are just a few examples of the materials and resources available to us in order to provide maximum learning experiences for this population.

5. Verbal communication will always be available to families in their preferred language via the use of Pacific Interpreters, the service used by the Nursing Home to engage with families who are speakers of languages other than English. At the present time, written materials can be offered in both Spanish and Mandarin.
6. It is imperative that we continue to maintain close and consistent communication with the CPSE Administrators assigned to this program. We will need to document any proposed or imminent changes to either one child's program or to the program as a whole. It would be incumbent upon the program to share this programmatic change with District personnel in written form in a timely and prompt fashion. All families will be given contact information for their child's respective CPSE Administrator and they will be encouraged to initiate and form their own personal relationship with their child's Administrator.
7. While our goal has been and will continue to be in-person services we face some challenges to effectuate this goal. To begin with, the majority of our students are considered to be high risk in that they present with pre-existing underlying health issues which make them more vulnerable to infection of any kind. Parents are understandably cautious and concerned with regard to resuming in-person learning in the near future. Of secondary consideration is the physical plant in which we are located. We are housed in a Nursing Home, for a pediatric population. As a nursing home, the Hospital has been required to institute extensive measures to ensure the safety of the residents. Accordingly, visits by community members, including families of residents, have currently been suspended. As the preschool is comprised of mostly community children. We are prepared to transition to remote learning at any given time, without interruption of the child's program. We must adhere to the Nursing Home guidelines and restrictions.
8. We will continue to implement the IEP, record and document progress towards IEP goals, and share, at least quarterly, the progress of each child with their family. This is a shared responsibility of the teachers and therapists, and school administration will support staff to meet these expectations.
9. One possible change would be the need for teachers and therapists to share their data and observations of children on a more regularly scheduled basis. Since our time with the children has been abridged to some degree, it is even more important that all data regarding the progress of our students be shared across disciplines.
10. We are committed to the full implementation of each child's IEP as well as to meeting the child's IEP mandates for the provision of Speech, OT and PT services. To date, therapists have conducted their sessions remotely, planning with families and incorporating them into the session. A significant amount of time is being spent on preparing the families in advance of the session, to what to expect and what their level of participation will be needed once the session begins. One of the positive outcomes of this time has been the measureable and demonstrable changes in the way that many of the families have come to understand their child and their unique learning needs. Parents have been encouraged to rejoice in small gains, make note of the changes and share these changes with both their child's teacher and

therapists. Parents are learning to become accurate reporters of their child's progress, and have become better advocates for their child as they themselves work on their child's IEP goals.

- If we implement a hybrid model, children will receive their related services on an in-person basis at least once per week, and a possibility of the second session to be a remote session, as necessary. Another positive outcome of this model is that the child will benefit from an even greater opportunity for the parent and the therapist to work together weekly on shared goals.

11. Therapists will be assigned in groups of three, one of each discipline, and this cohort of therapists will be assigned to one group (cohort either A or B) for a total of two classrooms and will work only with the children in these rooms. They will provide direct service during the two days that the A group children attend school if possible. On the remaining three instructional days, the therapists will conduct remote sessions with children as needed to meet mandates.

O. STAFFING

1. We are currently fully staffed and all professional staff are licensed and/or certified in their appropriate discipline.
2. It is the practice of the Human Resource Department of St. Mary's Hospital to routinely verify certification and licensing status of all professional staff. Staff are notified consistently when licenses are subject to renewal. Staff are expected to comply with all licensing and credentialing requirements for their discipline, including the completion of professional development activities, and continuing education classes as needed in order to maintain their credentials.
3. HR will meet with staff before hybrid begins to address additional concerns.
4. At the present time, our staffing levels are appropriate to meet the education and operational needs of the program.
5. All classroom staff are certified in their respective fields (both teachers and assistant teachers). We have been able to employ certified staff consistently over the past decade. Our turnover rate is extremely low, and when needed, we have been able to replace a certified teacher with a similarly certified teacher without a gap in service.
6. Staff members who are requesting an accommodation from reporting for in-person work due to concerns about their own health must notify the Human Resources department and then comply with submitting requested information before the agency can determine if a reasonable accommodation can be made based on applicable law, regulation and the agency's needs and resources.

P. TEACHER AND PRINCIPAL EVALUATION SYSTEM

NOTE: This required section of the reopening plan is not applicable since 4410 and 853 programs are not subject to the specific laws and regulations regarding professional evaluation cited in the NYSED guidance.

Q. STUDENT TEACHING

1. We will not be able to accommodate student teachers for the 2020-2021 school year.