

**Re-opening plan for September Hybrid In-person
/Remote Learning Model**

Agency: Clear View School Day Treatment Center

BEDS Code: 661401997756

Address: 480 Albany Post Road, Briarcliff Manor, NY, 10510

Program: School in integrated day treatment setting

- 1 class 4410, Therapeutic Preschool class
- 13 853 classes, Therapeutic K-12 classrooms
- All on same campus

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INTRODUCTION:

Unique Considerations

POPULATION

Our program is an integrated school and day treatment program for children and adolescents ages 3-21. Students in our care are designated severely emotionally disturbed and unable to be served in a less restrictive school environment. Our plans of service, therefore, accommodate a high needs, behaviorally unpredictable population in terms of social distancing guidelines and all health and safety considerations related to this COVID-19 crisis and in terms of what is needed to be responsive to their mental health and learning needs, within the context of safety. All plans have been developed to maintain the all important elements of academic learning and therapeutic contact and have been informed by the health and safety standards put forth in the most up to date guidance from the CDC, NYSED and NYSDOH. Within these general parameters, student specific plans are necessarily developed in consideration of individual developmental, academic and mental health assessments.

PHYSICAL PLANT

The majority of program space is located in two older buildings. Not all program areas have ventilation to the outside, some areas have minimal ventilation to outside. As such, not all program areas are usable.

SERVICE AREA

We serve students and families from over 40 school districts spanning across 5 counties and NYC. As such, issues of contact tracing and impact of community spread are more wide ranging than they would be for a community school.

GUIDING PRINCIPLES

Pillars of opening safely

- **Hygiene:**
 - Hand washing/ Hand sanitizing
 - Respiratory etiquette
 - Staying home with any symptoms
- **Assessment**
- **Social Distancing**
- **Masks**

These guiding principles have been integrated into the development of all plans presented. On-going assessment of the safety of the environment for our students, families and staff is paramount and is the foundational principle upon which we will assess our ability to increase the scope and balance of our in-person/remote program services. Within the context of this, the document attached titled Principles for Assessing In-Person Participation, gives a broad outline of how these will be applied in assessing the needs of *each* student's ability to safely participate and benefit under these conditions, ensuring the opportunity for all students to access in-person services.

- As has always been the case in providing a high quality and responsive program, direct communication with and involvement of our families in their child's program is key. Each family has a therapist on staff and is able to make an appointment to discuss the program with the members of their child's treatment team at any time.

Building Provisions and Procedures

CLASSROOMS

- All non-necessary furniture will be removed from individual classrooms to maximize usable space and facilitate cleaning.
- Carpet will be removed and replaced with tile in rooms that have separate carpet areas.
- Classroom groups will be divided into two groups in order to allow for appropriate distancing within the classroom, including staff necessary to maintain needed student/teacher ratios. In-person sessions will be staggered so that groups attend M/W; T/Th sessions weekly. In-person programming on Friday will be held open for students requiring special accommodations specific to their mental health and management needs. All other students will receive remote learning only on Friday.

- Initial in-person sessions will be held to 2.5 hours, with the remainder of the day's instruction delivered through tele-education. This provision shortens the extent of exposure as ongoing assessments of adequate ventilation and the viability of maintaining safety protocols with our population proceeds. In this way, this plan provides for *safety* and for a *safely progressing schedule* in terms of student tolerance of COVID specific behavioral expectations, their ability to integrate health and safety protocols, and their ability to benefit from academic programming and mental health treatment that is delivered within these parameters.
- **As our plans progress, in-person class time is being added in units of half day sessions. These expansions are being made in a careful and considered manner in order to be in the best position to evaluate how each change impacts our health and safety plan while being attentive to the individual needs of classrooms and students. As such, in some cases, class cohorts have begun a 4 half day schedule in alternating am/pm sessions. In others, additional adjacent space has been repurposed to accommodate cohorts coming in 4 half days at the same time.**
- Desks will be placed a minimum of six feet apart and facing in the same direction. Area will be taped out around each desk to ensure students have clear idea of distancing parameters.
- Staff will also have areas marked allowing six feet for distancing. However, may need to spend time limited periods in closer proximity to students in order to perform core functions.
- All windows will be open before students arrive, remain open throughout session and for several hours after students leave.
- Groups will not be permitted to mix, staying with their cohort and teachers during the session.
- Classes will be held outside when possible with consideration given to temperature sensitivity of students and impact of environmental allergies.
- Food intake, in this initial phase, will be restricted. Provision for a snack will be determined in consultation with the student, family and treatment team. Water will be available in disposable containers. Food/water may not be shared and will be eaten only at desk. All personal use items from home will be strictly limited, subject to approval, and stored in individual storage containers. Disposable cups and plates will be available.
- Students will be provided duplicate sets of necessary supplies such as pencils, crayons, manipulatives, calculators etc. as is required in order to limit the amount of equipment sharing. These items will be stored in students' individual storage containers.
- Each student will be given access to a dedicated computing device while they are in the classroom. These devices will be sanitized daily by teacher after cohort leaves and before next cohort arrives.

- Students and staff will be expected to wear mask covering face and nose unless there is a time limited circumstance for which a plan for no-mask has been approved.
- If a student is unable to medically tolerate a mask for any part of the day's session, mask alternatives, such as specialized hats may be provided for use.
- Provision and support for practicing healthy habits, such as thorough hand washing/hand sanitizing routines, respiratory hygiene (e.g. coughing and sneezing etiquette), staying home when ill, and non-touch acknowledgement of each other, will be an integrated part of classroom environment and culture. Sinks, soap, sanitizer and paper towels will be available in ample quantities in each classroom. Habits will be modeled and directly instructed.

ADDITIONAL CONSIDERATIONS FOR PRESCHOOL CLASSROOM

- Pre-School play equipment is in a self-contained area and will be available for use. All shared climbing or riding equipment will be sanitized before and after use. Children will wash hands before and after using playground.
- Each student will have individual bins of most used toys in addition to supplies like crayons, etc., Individually marked as theirs. Students will not share these items.
- For students in diapers, diapers will be checked and changed as needed once arrived and again before leaving at minimum. Each student will have their own, marked changing mat that is wipeable. Diaper supplies will not be shared.
- Students will have a change of clothes in a sealed plastic bag stored in individual bins. Clothes may not be shared.

USE OF BATHROOMS

- Where possible, students will use bathroom located in classroom.
- Hall bathrooms are for single use only. Students waiting to use hall bathroom will line up six feet apart on designated floor markings as monitored by hallway staff.

HALLWAYS

- Movement about hallways will be restricted and proper spacing monitored by designated staff.
- Hallways and pathways will be designated "one way" where possible and especially during arrival and departure hours. Staff will be assigned to monitor distancing/hall traffic.
- Shared indoor program areas, such as auditorium, all-purpose room, upstairs conference room will be closed for use.

CAFETERIA AND CLASSROOM KITCHENS

- Cafeteria will be closed during this phase of re-opening.

- No food will be prepared or heated in classroom. Food eaten must be self-contained (in its own wrapper or container) and require no preparation or refrigeration. Food will be eaten at individual desks in classrooms. Students will be instructed to wash hands before and after eating.

SPECIALS

- Art and music will continue to be provided via tele education in order to limit the extent of exposure during this initial phase. **Physical education is now being provided outside with individual cohorts. Activities are limited to non competitive activities (eg shooting baskets vs playing a game) to maintain distancing and reduce respiratory exhalation. Masks are worn by all at all times. Hands and equipment are washed immediately before and after each activity.**
- **Playground equipment in the enclosed yard, previously closed, may now be used by one cohort at a time. Hard and frequently touched surfaces are disinfected and washed before each use, all students wash hand immediately before and immediately after using playground. Teachers will monitor and support proper distancing requirements and masks will be worn by all at all times. Outside areas may not be utilized for cross-class congregating but can be used by individual cohorts maintaining distancing requirements.**

OFFICES

- Offices that do not have access to ventilation from outside will not be available for program use by students or families.
- Offices that do not have sufficient space to ensure distancing of at least six feet will not be available for program use with students or families.
- Offices being used for therapy sessions must be arranged to allow for distancing of at least six feet between therapist and student and/or family member. Window(s) shall be open before arrival, during session and for a period of time after session.
- Cushioned seating should be replaced with hard surface seating or covered with plastic that can be easily sanitized.
- Appointments may be held outdoors when weather conditions allow and where considerations for privacy can be met.
- All frequently touched surfaces will be sanitized after each session and before a new session begins.
- Use of shared equipment such as games, toys etc will be restricted. Students will have their own storage bin where toys designated for their use only are kept.
- All toys, etc will be sanitized regularly.
- Students and families will not be permitted to enter administrative offices such as records office, transportation office, financial office.

- Administrative offices will be arranged so as to allow six feet of space all around for each staff member working. Staff may work on a staggered schedule to accommodate spacing requirements.

RECEPTION AREAS

- Clear polycarbonate screens will be in place at reception desk and at the health screening areas at the entrances to each building.
- All seating is removed from these areas. There will be no indoor waiting area.
- Markings will be placed at 6 foot intervals leading into each building entrance to assist in proper distancing while waiting to be admitted to the building.

SCHOOL HEALTH OFFICES

- School Nurses' office will be restricted to receiving sick students in need of assessment.
- Well students in need of assessment for injury/condition unrelated to COVID will be assessed remotely with advice for common first aid (e.g. bandaid, ice pack etc.) given to classroom. Appropriate disposition for further assessment by the nurse may then be made.
- No aerosol procedures will be provided. Students may use their rescue inhalers as prescribed. Any student requiring regular nebulizer treatments during the limited in-person operating hours of this initial phase will be instructed to stay home.

Arrival and Departure

STAFF

- Staff is expected to fill out and submit questionnaires prior to arrival but must still present themselves for a temperature check before entering the work area.
- Maintenance staff who must arrive earlier than 7:30 will only enter premises after filling out Health Assessment form including temperature. They will present themselves for an additional temperature check by 8:30.
- No one may enter any of the buildings, through any other entrance, or without participating in a health assessment.
- Staff who feel ill will be encouraged to stay home and will be trained to recognize signs of illness in themselves to facilitate this function.
- Once cleared to enter building, staff will report directly to work locations. Staff will not congregate in classrooms/offices other than where they are assigned.
- Staff who are in a category of high risk for serious illness or live with someone who is at high risk as defined by the CDC guidelines, may submit, in writing to the Executive Director and Clinical Director, a request for accommodation of duties. Where it is possible for the individual staff to carry out their duties remotely, an accommodation will be granted. If the core duties cannot be done remotely then the individual staff can be offered to temporarily shift to an available position where on-site duties are not needed or are limited at the salary of that position.

STUDENTS, FAMILIES AND ESSENTIAL VISITORS

- All vehicles transporting students will be met by designated staff as they arrive to ensure an orderly process of disembarking, maintaining distancing requirements and avoiding a funneling of students at any given entrance.
- Students who arrive on school buses will remain on buses until designated staff receives them to line up for health assessment to ensure proper distancing is maintained.
- Students who arrive on parent transport are to be driven into the bus circle and await staff to receive student. No student is to be dropped off until received by staff.
- Students who need to travel between buildings to access their classroom will be greeted at bus circle and escorted, using upper outside pathway marked one way, to line up for health assessment at the entrance of the building where their classroom is located. Staff will ensure distancing requirements are maintained.
- Once student has been cleared by the health assessment to enter the building, designated staff will ensure they move directly to classroom where teachers will be waiting to start their day.
- Students and families will be encouraged to stay home when they are feeling ill.
- All parents or workmen who need to enter the school building must present themselves at front entrance of building one and participate in a health assessment.
- Receptionist will maintain a sign in -- sign out log.
- Non- essential visitors will not be permitted in the buildings. Deliveries will be dropped off at designated drop off area. Delivery personnel will not be permitted to enter the building.
- Bus Drivers and Bus Monitors are not permitted in the school building.
- At the end of session, students will be dismissed from their classrooms as their transportation arrives. Designated staff will facilitate and monitor numbers of students in the hall at one time as well as distancing requirements to avoid dismissal crowding.
- Parents who are picking up their child for dismissal will do so from the queue in the bus circle.
- Parent or caregiver arriving to pick up their sick child will park in designated 'pick up' area in front of building one and remain in their car. They will call the front desk to announce their arrival and their child will be brought to their vehicle by appropriate staff. Staff member will confirm sign out with Receptionist.

USE OF BUILDING

- Use of building by all outside groups is suspended.

Health Assessment Protocol

- **Everyone will enter the buildings through a checkpoint where symptom status will be evaluated through the use of a questionnaire and temperature (using non-touch thermometer) will be taken and recorded. Students, staff, and family members who are unwilling to complete the health assessment will be denied building entrance.**
- **Parents will be encouraged to remain alert for signs of sickness in themselves and their children, communicate these changes in health status immediately, and keep their children home when they are ill. Materials and live support will be provided to aid them in this assessment function. Families will receive a call on each morning that their student is expected to attend in-person program in order to complete health assessment questionnaire in advance of their arrival thereby facilitating an orderly entrance for students when they arrive. Students will still need to present themselves for a temperature check once they arrive in order to enter the program area.**
- **Staff will be trained to recognize signs of illness in themselves and in their students, communicate these changes in health status immediately, and bring them to the attention of the Program Health and Safety Team for assessment.**
- **Individuals who have a fever of 100.0 degrees or above or other signs of illness will not be permitted entrance to the school program.**
- **When an individual presents with fever or other signs of illness they will be sent directly to designated isolation areas until transport can be arranged. Assessment for return to program will include clearance by their health care provider, and, if determined necessary, a negative COVID test result. Individuals who present a negative COVID test result must still be symptom free for 24hrs to return.**
- **All students who are awaiting transport will remain under visual supervision.**
- **If an individual tests positive for the COVID virus, they will quarantine and return after the required number of days symptom free and with the presentation of a negative virus test. Discharge from quarantine and return to school will be conducted in coordination with local health departments.**
- **Program Health and Safety assessment team will be informed of all COVID related health concerns and will be responsible for reporting information and coordinating with local and state health officials in support of contact tracing.**
- **Exposed individuals -- that is an individual who has had close contact as defined by CDC guidelines -- shall get a COVID test and shall not have developed symptoms before returning to in-person program. Discharge from quarantine and return to school will be conducted in coordination with the local health department.**
- **When a student or students are in a quarantine situation, all instruction and services will be available remotely for student to continue uninterrupted where practicable.**

USE OF OUTREACH TRANSPORTATION

- **Outreach transportation services, during this hybrid phase of program, will be reserved for families who are unable to transport themselves.**

- Outreach transportation services will be provided to ensure equitable opportunity for families to participate in family therapy as scheduled, in- person where it is agreed that such a modality is best practice in terms of the individually assessed mental health needs of a given student or family.
- Families may opt to continue to receive therapy through tele-health only.
- Families utilizing outreach transportation services as a means for accessing site based therapy will participate in a health assessment, including non- touch temperature check, before entering vehicle. No one will be permitted to ride on outreach transportation for these purposes without participating in the health assessment protocol.
- Families will be encouraged to be alert to signs of illness and to stay home when feeling ill.
- If a family member presents with fever or other sign of illness, they will not be permitted on the transport vehicle and will not be brought in for an in-person session. Session may be rescheduled as a tele-health session in such cases if appropriate.
- Outreach transportation services will be available to transport home a student or family member who has presented with fever or other signs of illness if no alternative transportation is available to that student or family.
- All vehicles used for outreach transportation will be fitted with clear barrier behind cabin seating to protect forward spread of virus. Passengers must sit in rear seating, behind the barrier. Masks will be worn.
- Vehicles used to transport individuals presenting possible symptoms of illness will be taken out of use until they can be thoroughly disinfected.
- Use of outreach transportation services will be restricted to these two purposes during the hybrid phase of re-opening. Transportation will not be utilized to pick up students who miss their district provided transport.

Personal Protective Equipment (PPE)

MASKS

- Disposable masks will be available for all students, staff, families and necessary visitors.
- Individuals may bring face coverings from home but must cover nose and mouth and be approved by medical team as meeting the standards for health and safety.
- Masks will be worn on premises at all times when in general program areas. Masks may be lowered, as directed by staff, only for time limited circumstances and when proper distancing can be ensured.
- If a student is unable to medically tolerate a mask for any or all of the specified time, mask alternatives, such as specialized hats, may be provided for use.

OTHER PERSONAL PROTECTIVE EQUIPMENT

- Staff carrying out Daily Health Assessment Protocol will be provided appropriate PPE daily. Gloves, mask and face shield, at minimum.
- Staff supervising a student in isolation area will be provided appropriate PPE. Gown, gloves, mask and face shield.
- In the event that a student becomes seriously dysregulated posing a threat of harm to self or others, it may be necessary for staff member to intervene physically. During such episodes staff responding to an acute crisis situation must suit up in appropriate protective gear including gown, gloves, mask and face shield.
- Staff may need, at times, to come in closer proximity (<6 ft.) to a student for a time limited period in order to support learning and/or avert escalation in behavior. At such times staff will have face shield available to use in addition to mask.
- Following any contact that exceeds the social distancing requirements, PPE used will be properly disposed of in provided receptacles and hands (or any affected body area) will be washed before returning to duty.
- Goal is to maintain a two month supply of necessary PPE and paper towels at all times. We are aggressively pursuing suppliers, as well as, actively engaging our local department of emergency management and coordinating with other facilities to open up more reliable streams for supply.

***Given the inherent potential in our student population for acute episodes of behavioral dysregulation, our ability to safely continue in-person programming will depend on our ability to continue to secure the PPE needed for daily use.**

Hygiene and Cleaning/Disinfecting Protocols

HYGIENE

- Sinks, soap and paper towels are available in every classroom. Regular hand washing will be required and proper method instructed and modeled daily. Non classroom staff will use sinks in bathrooms for hand washing.
- Touch free hand sanitizing stations will be in each classroom, near copiers, at entrances and other strategic locations around the school.
- Signage shall be placed near sanitizers and sinks displaying proper use/procedure.
- Instruction and modeling of respiratory hygiene will be part of daily routine. Signage in classroom and strategically around the building will also illustrate respiratory hygiene.
- Receptacles for disposal of soiled items will be in each classroom, bathroom, entrances and exits and strategically placed throughout the school. Signage illustrating proper disposal will be located near each receptacle and instructed directly through training for staff and families and in class instruction for students.

CLEANING

- All hard surfaces that are soiled (visibly dirty) will be cleaned first with soap and water before disinfectant is applied to maximize the effectiveness of disinfecting.
- All soft surfaces that become soiled will be cleaned with appropriate cleaner for such surfaces.

DISINFECTING

- Frequently touched hard surfaces in classrooms, halls, and offices in use will be disinfected using EPA approved disinfectant daily, at the conclusion of the cohort session, in accordance with instructions for use on product label. Room staff will have discretion to use disinfectant wipes more frequently on hard surfaces.
- Electronic Equipment used by students will be disinfected daily, after cohort session concludes, using disinfecting wipes or alcohol based wipes containing at least 70% alcohol.
- Classrooms and offices in use and frequently touched surfaces, such as handrails and doorknobs, floors, bathrooms, will be cleaned and disinfected daily using by maintenance staff. Additionally, program areas will be fogged at the conclusion of each week, using FS Amine Z which is a disinfectant, sanitizer and virucide.
- Individuals using shared copiers will use available hand sanitizer from touchless station before and after using copier. Frequently touched areas of copiers (lid, screen, paper draws) will be wiped down at the conclusion of day by maintenance staff.
- Bathrooms in use will be sanitized by maintenance personnel, every 30 min., on a rotating schedule, while students are attending in-person instructional program and deep cleaned each evening.
- School transportation vehicles will be cleaned thoroughly after each run and closed off and deeply disinfected when used to transport a sick person.
- Isolation rooms will be closed off for a period of 24 hours and thoroughly cleaned and disinfected after being used by a sick person.
- If an individual who has been on-site tests positive for COVID-19, the affected program area(s) will close for the amount of time necessary to have them professionally deep cleaned. All instruction for affected individuals will be delivered remotely during this period. Assessment protocol for notification of affected individuals and for reopening in-person learning following such an event will be conducted by the Program Health and Safety Team in consultation with state and local health departments.
- Cleaning and disinfecting logs will be maintained that include date and time of cleaning and/or disinfection.

VENTILATION AND HVAC CONSIDERATIONS

- All program areas where students or parents are being served will have access to outside ventilation (i.e. open doors and windows) in a manner that maximizes airflow.
- Roof mounted and ductless A/C units in buildings will be fitted with the highest level of filtering available to those units (MERV 13). Some units are too old to handle such a high grade of filter. Those units will have been fitted with the Global

Plasma Solutions(GPS) Needlepoint Bipolar Ionization System (NPBI). Building heating is self contained, steam radiators not forced air.

Instructional and Therapeutic Program Considerations

ACCESS TO BROADBAND AND TECHNOLOGY NEEDS

- In order to conduct in-person learning safely each student will use a dedicated device while on grounds. Additionally, staff will be conducting remote services simultaneously and will use a dedicated device. These requirements will overstress our current capacity for broadband use. As such, our capacity will need to be increased by 100% minimally.
- School will need to purchase additional devices in order to provide a dedicated device to each student and staff member who requires one while on site. Some students will require a device for school and a device for home. Districts who can supply a device to their students for use will be asked to do so in order to supplement school inventory. School expects to purchase as many as sixty additional devices to effectively deliver services to students in-person and simultaneously through tele education. All of those devices need to be portable (chromebooks) and need to have camera and audio capability.
- A list of students who do not currently have a dedicated device to use while at home will be compiled. Devices for home use will be secured, either through referring districts or from school's inventory, for those students who would otherwise need to share devices at home.
- School will need to purchase cameras with microphones for staff desk computers that are not equipped with that capability so as to ensure seamless delivery of remote education and therapeutic services while staff is on-site. A minimum of 32 external cameras are needed.

SUPPORT SERVICES (OT, PT, S/L)

- Support services will remain remote for the initial phase of in-person instruction and will be scheduled *outside* of hours that are dedicated to the in-person classroom instructional time so as to maximize the impact of the student's in-person time in their classroom with their teachers during this transition period. In-person, individual sessions will be added as assessments for provision of safety allow.

INDIVIDUAL AND FAMILY THERAPY

- Individual and family therapy sessions may be held in-person or remotely as individual assessments of needs and safety allow. They will be scheduled *outside* of hours that are dedicated to the in-person classroom instructional time so as to maximize the impact of the student's in-person time in their classroom with their teachers during this transition period.
- Families who opt out of in-person learning may still choose to have in-person individual and/or family therapy sessions.

- Day treatment aspect of program extends to 5:00 pm unless individual arrangements are made for sessions outside of time parameters in order to accommodate family schedules.
- 24 hour crisis intervention by phone is an integral aspect of our mental health program and services.

CURRICULUM CONSIDERATIONS

- All instruction will continue to align to NYS standards appropriate to individual developmental and academic assessment. All classroom head teachers will hold appropriate certifications for their assignments, typically special education certification. All teaching assistants will hold at least level 1 teaching assistant certification or obtain it within 30 days of hire.
- Academic intervention to address gaps and deficit skills will be integrated into in-person education plan for each individual student as ongoing assessments indicate.
- Where it is necessary to mix class groups for course instruction to be effective, 'mixing' will be accomplished using tele education platforms.
- Off-campus work placements are suspended. Simulated vocational experiences (e.g. situational videos) will be used to animate discussion and instruction.
- Gymnasium and Auditorium will be unavailable for use during initial phase. Outside areas can be used by individual cohorts for physical education keeping distancing requirements (12ft for aerobic activity) in keeping with guidelines.
- Staff meetings and treatment team meetings for planning will be held remotely.
- School day hours of operation for instruction will be from 9:00 am - 3:30pm daily, delivered through a combination of in-person and remote learning, which includes real-time and live instructive interaction with teachers. Day treatment aspect of program extends to 5:00pm unless individual arrangements are made for sessions outside of time parameters in order to accommodate family schedules.
- Teachers and therapists will log in all daily contacts with students, either in-person or via real time telehealth and tele education platforms, including time, duration and nature of contact. These logs, along with in-person attendance on a student's scheduled days, will be the mechanism for collecting and reflecting student attendance and engagement.
- Daily outreach by significant adults to students and families who are chronically unavailable to remote or in-person sessions will be maintained in order to facilitate engagement. This may be by phone, video conferencing, text, email or home visit and may include flexible scheduling of remote learning time for older students who have other burdens at home during this period.

EMERGENCY DRILLS

- All safety drills required by Education Law 807 will be conducted with the modifications necessary to ensure safe distancing.
- Classrooms will exit directly to outside using classroom back doors and move directly and orderly to designated areas. Areas will have markings for each class

to be distanced and for individuals w/in class to be distanced. Teachers will ensure adherence to distancing requirements.

- Lock down procedure will be conducted as a simulation w/o sheltering.
- Drills will be planned so that each cohort (M/W;T/TH;F only) will have a drill in the same week.
- Care will be given to the trauma induced by so many emergency provisions, including staggering schedule of introducing this highly vulnerable, reactive student population while remaining in compliance with parameters of the law.
- Students will be instructed that should there be an actual emergency, social distancing requirements would not apply until we are safe.

OPTION FOR REMOTE ONLY

- For students and families at risk for serious illness from COVID-19 or for where parents remain uncomfortable with in-person instruction, an option for remote only instruction and treatment will remain in place. Parents may choose to participate in remote only instruction but still participate in-person for individual/family therapies.
- For staff members who are unable to be on site for their own high risk conditions, accommodations will be made to re-assign duties to distance options where possible.

Staffing Considerations

ADDITIONAL STAFF NEEDED

- Two Health Assessment Protocol (HAP) screeners will be required daily to administer health assessments effectively and efficiently. One each assigned to the points of entry. An additional staff member will be needed to be trained to assist each screener during high volume entry times.
- Increased maintenance staff will be needed during in-person hours as well as after hours in order to maintain cleaning and disinfecting protocols.
- Staff will be designated to facilitate safe distancing in hallways, monitoring bathroom use and facilitating arrival and departure.
- Additional crisis personnel will stand ready to respond to any student who requires de-escalation or physical intervention to prevent harm to self or other.
- Teaching and teaching assistant staff on-call list will be maintained and utilized as needed to facilitate smooth operation of simultaneous delivery of in-person and remote instruction and services. All staff on the on-call list will be trained in new protocols and health and safety provisions along with full-time staff.
- It is anticipated that, in some class grouping, staff-student ratio may need to exceed IEP recommendations to effectively accomplish the goal of simultaneous delivery of hybrid services and to support student function under the COVID restrictions. It is anticipated that the program may need to hire additional staff on a full time basis to meet these staffing needs.
- Our ability to provide a safe in-person, class based program is dependent on our ability to keep our staff and students healthy. If at any point, staff illnesses

outpace our ability to maintain a stable, capable professional staff on-site, we would have to return to remote only learning until such time as we could again fully staff the program.

Communication/Community Engagement

- Throughout this crisis period, students and families have received daily live outreach contacts (often multiple live contact) from their student's treatment team staff maintaining an open channel for communication and meaningful engagement around the issues and concerns presented by the circumstances.
- Simultaneously, all staff -- direct care, administrative, and support staff -- were asked to submit ideas, questions and concerns regarding the limitations of remote program delivery and how those understandings might inform our plans for both reopening and improving remote services. Direct staff were asked to include family/student feedback in their submissions.
- Clinical Director, School Director and Executive Director of the program have consulted with oversight agencies -- emailing direct questions for ongoing guidance.
- Staff, districts and families received regular (nearly weekly) communication by email to keep them informed of how the program operation was developing in response to the real time information received from constituents. Some of those modifications included increasing group video lessons/experiences, and instituting in-person visits with students and families outside of their homes. Also, communicated were the program's efforts to expand capacity for service delivery and limitations faced in readying for returning to in-person programming.
- In preparation for fall planning, each family has been contacted by family therapist to discuss the broad outline of the options for reopening. Families were then scheduled to have fuller meetings with their student's treatment team -- therapist, teachers, class supervisor -- to discuss anticipated issues and concerns specific to their child's adjustment and family needs. Individual planning/modifications were made where possible without compromising health and safety. On-going assessment of the need to individualize a given student's plan is embedded in our process.
- Each student and family will also participate in one or more (as need is assessed) individual in-person orientations on-site so they can become familiar with the changes in the physical environment and in the expectations for managing within the COVID-19 requirements on-site. Particularly, requirements that limit their movement about the classroom and the school, use of equipment, etc. This is to allow students to engage with teachers and therapists in typical activity in order to facilitate their comfort, and, hopefully, maximize their ability to manage within these unusual constraints

Coordination and Phased Reopening

- Program Health and Safety Assessment Team consists of school psychiatrist, who is the Clinical Director of the program, in consultation with the Administrative team. They will be primarily responsible for monitoring continuous compliance

with safety protocols and assessing the health and safety of the program activity which will, in turn, be the basis for directing a safely progressing schedule of in-person program services.

- Two options available are remote only and phased in hybrid in-person/remote plan. Both have been communicated to stakeholders (including referring districts) through email, website, standard mail and discussed individually via phone or video platform so families and staff can make a considered decision for participation.
- Treatment teams along with students and families will identify areas of concern and develop individualized plans in consideration of developmental, academic and mental health assessments within the context of health and safety requirements.
- Orientation to changes in physical environment and in behavioral expectations for safety will be communicated through written materials as well as a series of remote and in-person appointments with each individual student and family prior to the reopening.
- Signage communicating health and safety information will be placed in all classrooms, bathrooms, entrance areas and strategically around the school buildings.
- Staff will be trained in all necessary safety procedures and new protocols, such as, but not limited to, hygiene practices, proper use of masking, sanitizing surfaces and equipment in classroom/offices and proper disposal of PPE and trash items used to clean and sanitize.
- Students and families will receive ongoing information and training regarding health and safety procedures.
- Assessment for safely progressing schedule of in-person/remote balance will be ongoing. Feedback from families, districts, teachers and therapists will inform planning within the overall context of health and safety as assessed by medical team.
- Families have several ways to communicate directly with the program through treatment team members with whom they have a rapport and at least weekly contact.
- Districts will receive regular written communication about general programmatic information and communication as requested about child specific questions.

Procedure for On-going Assessment of Scale of Operations/Closure of In-Person Services

- The phased hybrid in-person/remote model is designed to allow for ongoing assessment of safety and viability of safely progressing operation (i.e. expanded in-person services). It is also designed to allow for an orderly transition to remote only if needed. The Program Health and Safety team will assess need to reduce the scale of in-person operation and will assess the safety of each expansion of in-person operation.
- The Program Health and Safety team, in consultation and cooperation with local and state departments of health, will aid in tracking and tracing of positive cases

that arise in our community helping to inform the ongoing safety of our program operation and need to scale back in-person programming or return to remote only programming.

- If an individual who has been on-site tests positive for COVID-19, the affected area(s) will close for the amount of time necessary to have them professionally deep cleaned. All instruction to affected individuals will be delivered remotely during this period. Assessment protocol for notification of affected individuals and for reopening in-person learning following such an event will be conducted by the Program Health and Safety Team in consultation with state and local health departments.
- Return to remote services only for a period of time will be indicated if incidence of positivity within the school community is not clearly contained to one cohort or program area, signaling community spread. Such a determination will be made by the Program Health and Safety team, in consultation and coordination with state and local health departments.

****This plan will be revised in an ongoing manner to reflect the most up to date science and guidance by oversight agencies or substantive changes in the delivery of services.**

