

**VOLUNTEERS OF AMERICA-GNY
EARLY LEARNING CENTERS
SCHOOL RE-OPENING PLAN
SUBMITTED AUGUST 7, 2020
REVISED AUGUST 28, 2020
REVISED FEBRUARY 2021**

AGENCY NAME: Volunteers of America-Greater New York

BEDS CODE: 35100880287

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

CONTACT PERSON: Linda Rosenthal, Director of Early Childhood Educational Services

CONTACT TELEPHONE NUMBER: (w): 718-466-3580 (c): 917-809-0253

CONTACT E-MAIL ADDRESS: lrosenthal@voa-gny.org

WEBSITE: (Where this plan and plan updates will be posted):
<https://www.voa-gny.org/early-learning-centers>

INTRODUCTION:

This plan was developed to conform to the guidance provided by the New York State Education Department (NYSED) in their July 2020 document entitled: “Recovering, Rebuilding and Renewing: The Spirit of New York’s Schools – Re-opening Guidance”. This plan will be revised and updated as needed to adjust to changing public health conditions caused the by COVID-19 virus and the new requirements and regulations which may emerge over time. Volunteers of America-Greater New York (VOA-GNY) solicited input and involvement from the families we serve and our staff during the original drafting of our re-opening plan. We will rely on continued input from all stakeholders as we move forward implementing this plan and as we make any additions or modifications. This plan addresses the re-opening plans for the VOA-GNY Bronx Early Learning Center. **The VOA-GNY Staten Island Early Learning Center was closed on December 31, 2020.**

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

our community as the COVID-19 pandemic continues, and the effectiveness and appropriateness of our plan. Our commitment to our students and our determination to provide the highest possible educational programming and related services remains consistent, even during challenging times.

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

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

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

***The revisions to our re-opening plan follow meetings with our stakeholders, which included:**

- Meetings with SIELC parents: 8/13/2020, 8/20/2020, 8/25/2020
- Meetings with BELC parents: 8/14/2020, 8/21/2020
- Meeting with SIELC teaching staff & clinicians: 8/10/2020
- Meetings with BELC teaching staff: 7/24/2020, 8/13/2020
- Meetings with BELC clinicians: 7/21/2020, 7/28/2020, 8/13/2020
- Meetings with SIELC & BELC supervisors: 7/22/2020, 7/29/2020, 8/5/2020, 8/11/2020,
- Meetings with VOA-GNY executive staff: 7/21/2020, 7/28/2020, 8/4/2020, 8/11/2020
- Ongoing individual meetings with Committee on Preschool Special Education

Administrators throughout July 2020

- Weekly meetings with IAC and Coalition for Children With Special Needs 4410 program Directors.

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

1. COMMUNICATION/FAMILY AND COMMUNITY ENGAGEMENT

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

- During the first week of the summer session, parents were asked to complete a survey citing their preference for a program model for September (i.e., remote instruction, combination of remote instruction and in-person learning). This survey was distributed via e-mail and letters were mailed to families, as well. The teachers reviewed the survey with each family and the results were collated by the Director of Early Childhood Educational Services for each site. The results of this survey indicated that the majority of the parents at both early learning centers were interested in a blended model for September.
- A second parent survey was sent to parents during the week of August 11, 2020, which also included parent preference for transportation to the early learning centers for families participating in the blended program model. The results of this survey indicated, that for both early learning centers, approximately half of the families opted for remote learning and half the families opted for the blended program model. The majority of parents at both early learning centers opted for transportation by the bus companies.
- On a weekly basis, virtual staff and supervisory meetings were conducted each early learning center to gage the recommendations and concerns of our staff.
- Our School Nurse researched the current health and safety guidelines, spoke directly with staff and families, and assisted in the revisions to our relevant policies & procedures (e.g. infection control, adult-child interactions). Our School Nurse worked closely with the Social Services staff to assist families with medical and mental health challenges.
- The following job titles were involved in the creation of this plan via virtual meetings, shared e-mails and telephone conference calls: Vice President of Quality and Program Services, Director of Early Childhood Educational Services, Business Manager, Human Resources Manager, School Nurses, Clinical Supervisors, Program Directors. This team, and all stakeholders, will continue to work on future revisions to this plan.

- In development of this plan guidance was also received from the New York City Department of Health/Mental Hygiene, NYSED Regional Associate, NYCDOE 4410 Program Office, and 4410 colleagues who are member of the Interagency Council (IAC) and the Coalition for Children With Special Needs.

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

- **Students/Parents/Legal Guardians:** The Social Services staff continue to communicate with families via emails and telephone calls. Teachers provide weekly telephone calls and interactive platforms to families. Parents also get the weekly newsletters via email. In addition, daily/weekly communication is shared with families of students who attend the early learning center in-person via the communication notebook in the student's bookbag.
- **Staff:** We communicate weekly, and more often as needed, via e-mails, individual telephone calls, group conference calls, interactive platforms, and face to face interactions, employing social distancing. To the extent possible, all staff meetings remain virtual. These meetings continue to occur at a minimum monthly and agendas will include updates and feedback on the re-opening plan and on-going safety precautions. Posted signage throughout the building on bulletin boards and by the timeclocks is also be utilized.
- **Visitors:** Visitors to the early learning center continue **to** be limited, and most communication occurs onsite at the front door. Wherever possible, communication is conducted via telephone calls and e-mails with parents and other visitors. There is a sign posted at the front door at the early learning center stating that entrance into the building will require a person wearing a mask, completing the health checklist, having their temperature taken and, using hand sanitizer and maintaining social distancing while in the building.

Communicating Health and Safety Protocols

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

Given the age and developmental skill levels of our students, pediatric masks are encouraged but not required for students to receive in-person services. Families are asked to send their child to school each day with a face covering. The learning center has additional disposable pediatric masks as a back of for students, should that they become damaged or lost during the school day. Communication regarding Centers for Disease Control (CDC) and Department of Health (DOH) guidelines for the proper use of masks and social distancing with students continues with verbal cues, pictures, physical cues and modeling by staff. The School Nurse works with the teaching staff on demonstrating appropriate handwashing, respiratory hygiene (covering the mouth and

nose when sneezing or coughing), and the use of face coverings (as appropriate). There is age-appropriate posted signage in each classroom.

Communication regarding CDC and DOH guidelines for the proper use of masks and social distancing have been provided using the following techniques: written information in the updated parent handbook, information in the updated early learning centers policies & procedures, in-person and/or online training, signs posted throughout the early learning center. Prior to the school re-opening in September, the early learning center conducted interactive virtual meetings with families to review the new policies and procedures. The School Nurse, the Education Director and Assistant Directors participated in these online meetings. All written communication and verbal communication for families is available in English and Spanish. In terms of communication with members of the community with visual and/or hearing impairments, an American sign language interpreter is available at the early learning center for individuals with hearing impairments, and verbal communication is provided to individuals with visual impairments.

2. HEALTH AND SAFETY

*Please note that staff and students returned to in-person instruction in September, when government authorities permitted in-person education. The return to in-person instruction required that early learning center leadership had determined that the number of students and staff returning to “in person” learning allowed for the following:

- The ability to maintain social distancing;
- The availability of Personal Protection Equipment (PPE), including the availability of cloth face coverings and masks;
- Availability of safe transportation (parents either self-transport their child to school, participate in remote instruction, or have their child come to school on the bus.
- Local hospital capacity according to the local DOH.

Staff returned to work at the early learning center three days prior to the start date for the students. During the three days of professional development, staff received training by the School Nurse on Infection Control, including:

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

Signage (both adult and age appropriate for our students) which is posted throughout the early learning centers.

Daily Check in and Screening:

At the beginning of each school day, staff and students/families wait outside of the building for the health screening. Sidewalk Markers are used to enforce social distancing and indicate where individuals should stand in order to maintain a 6-foot distance. Screening station(s) have been set up inside the entrance to the building. Social distance markers, indicating a 6-foot distance are located on the lobby floor indicating where individuals should wait pending screening – and indicating the maximum number of people who will be allowed into the lobby at one time.

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

The health screening checklist **is** completed by families before the student is accepted into the building. The checklist must be completed and submitted daily.

If a child is showing any of the symptoms noted below and/or if any questions are answered yes, the child **is** sent home from school. If a child is sick when they get off the school bus, he/she is taken to the isolation room and the parent is called to pick up their child from school.

The checklist includes items such as:

- In the past 24 hours, has your child experienced any of the following which they were not experiencing previously, and which are not related to a pre-existing condition
- Fever or chills
- New or worsening cough
- Muscle aches
- Fatigue
- New loss of taste or smell
- Shortness of breath or difficulty breathing
- Sore throat
- Congestion or runny nose
- Nausea or vomiting
- Diarrhea
- Headache
- Abdominal pain
- Loss of appetite
- In the past 14 days, has your child:
 - Experienced any symptoms of COVID-19 listed above, including a temperature of greater than 100.0° degrees Fahrenheit in the past 14 days?
 - Knowingly been in close or proximate contact in the past 14 days with anyone who has tested positive through a diagnostic test for COVID-19 or who has or had symptoms of COVID-19?
 - Traveled internationally or from a state with widespread community transmission of COVID-19 per the New York State Travel Advisory

The child's temperature must also be taken prior to the start of each school day. If the temperature is 100.0 degrees Fahrenheit or higher, the child must stay home or be sent home from school.

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

Adult and Staff Screening:

All adults and staff complete the health screening checklist (from the New York City Department of Education), and sign in with the date & time of their entry. By signing in, they are confirming a "no" response to all questions on the checklist. Once staff enter the building, they report to their assigned workspace and clock in via their computer. Staff use hand sanitizer before reporting to their workspace.

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

Student Screening:

Parents leave the children at the front door and the children are escorted to their classroom by their teaching staff and/or assigned related services therapists. Staff & parents have copies of the daily health checklist in advance and sign and date the checklist as they enter the early learning center. Students who are arriving by bus must bring their daily health screening checklist with them on the bus. If the student does not have a copy of the completed daily health checklist in their backpack, the School Nurse or his/her representative, will call the parent to complete the checklist over the telephone.

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

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

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

If a staff member or student comes to the building with a fever and/or answers "yes" to any of the questions on the health screening checklist, they are not be permitted to enter the building. If a staff member or student becomes ill at school, they remain in the isolation area until an approved escort can take them home. If the staff member can go home independently, they leave with wearing appropriate PPE. If a student comes off of the school bus and presents with a fever,

the student will immediately be brought to the isolation area, and the family/emergency contact will be called to come to the building to pick up the student. The isolation area in the early learning center is identified with appropriate signage.

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

Social Distancing:

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

Special Accommodation:

Students and staff who require special accommodations, including an increased risk for complications from COVID-19 may require alternative provisions for social distancing. The specific needs of students are reviewed individually, in consultation with the School Nurse. Staff who may require special accommodations are required to meet with the Human Resources Department. The early learning center follows the CDC and NYSDOH guidelines for high-risk individuals. Students who cannot attend in-person services due to high risk are accommodated with remote instruction/therapy.

Face Coverings and Personal Protective Equipment:

All staff and visitors are required to wear masks while at the early learning center, without exception. Students are encouraged to wear pediatric masks, however; there may be instances where a student's respiratory status or social emotional well-being may be impacted by being "forced" to wear a pediatric mask. Families are asked to send their children to the early learning center with masks. The School Nurse has a supply of disposable pediatric masks available for students as a backup. The School Nurse and the teaching staff continue to work with the students through modelling and learning activities to encourage the students to wear masks.

The early learning center provides three re-usable masks to each employee. PPE such as: gloves, gowns, facial shields, and additional disposable masks are readily available for all staff. PPE was pre-ordered in anticipation of the re-opening of schools and the early learning center stores

a month's supply of PPE onsite. The site completes a weekly inventory of supplies, including PPE. These inventory worksheets are submitted to the agency Quality Assurance Director for review. If supply quantities dip below the minimum amount required to have on-site (30-day supply), an order will immediately be placed.

Contact Tracing:

The School Nurse is a trained & certified contact tracer. The School Nurse notifies the appropriate government agencies (i.e., NYCDOE Situation Room & NYCDOH/MH) when there is a confirmed case of COVID-19 at the school.

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

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

Testing:

The early learning centers work collaboratively with COVID-19 testing centers in each borough to provide locations of testing sites and written information about testing protocols to staff and families. Staff and families are strongly encouraged to be tested.

Confirmed or Suspected Cases of COVID-19:

Families should be monitoring their children at home and complete the daily health screening checklist each morning. If there are no COVID-19 symptoms, including temperatures over 100.0 degrees Fahrenheit in the last 24 hours, without the use of fever reducing medication, students can attend the early learning center. If there are any symptoms, families should not send their child to school. If families do indicate symptoms in their child, they should call the School Nurse or Education Director and inform them that their child is staying home due to COVID-19 symptoms. Families should contact their medical provider for assessment and testing. The child should isolate at home until test results are received, and/or for a 14-day period.

If testing is positive, the family should follow the steps outlined above for "Students or staff who test positive for COVID-19". In all instances of positive COVID-19 notifications (staff or students), the early learning center staff notifies the New York City Department of Health/Mental Hygiene and the New York City Department of Education Situation Room.

Student or Staff Tests Positive for COVID-19:

1. The student or staff member must stay home, monitor their symptoms, and notify the school immediately. The student's parent/caregiver or staff member must inform the Education Director that the individual has tested positive for COVID-19.
2. In consultation with the family or staff member, the school administration will determine whether the student or staff member was on the premises during the time frame that

started two days prior to symptom onset (or testing positive, or symptomatic) until the time of isolation.

- a. If so, the areas visited by that COVID-19 positive individual are closed off immediately to be cleaned and disinfected.
 - b. The students or staff member's classroom is disinfected – as well other areas visited by that individual.
 - c. The bus company is notified to clean and disinfect any busses that the student or staff member has been on.
3. Communication to other families in that student's or teacher's classroom (their cohort) will go out from the education director notifying them that there has been a positive test – without naming the individual. These communications will include:
- a. Notification of the positive test (not the specific individual)
 - b. Notification that they may have been within 6 feet of the person with a positive test, which would be considered “close contact” and therefore should monitor symptoms and consult with their medical professional. Testing may be advised.
 - c. *Notification that the classroom of that positive student or teacher will revert to 100% remote learning for a period of 14 days. Students who ride on the same school bus, as well as related service providers who have had contact with the student will also be notified.*

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

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

More Than One Student or Staff Tests Positive:

If two or more students and/or staff test positive for COVID-19 in the early learning center, the center will close for 14 days during self-quarantine, and all students will receive remote instruction. Students participate in remote instruction until such time that they are able to return to the early learning center. The classroom and other areas of the building where there was an exposure undergo a thorough disinfecting process following CDC and NYSDOH guidelines.

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

Return to School Protocols:

Return to school for Individual Who is Symptomatic:

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

If the individual is tested:

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

If the individual **is not tested**:

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

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

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

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

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

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

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

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

Daily Disinfecting Protocols:

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

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

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

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

School Safety Drills:

Fire drills and lockdown drills are conducted, as per the NYCDOH Article 47 childcare regulations guidelines. The revised policies & procedures include the requirements of the 2020 New York State Uniform Fire Prevention and Building Code (BC) and the State Energy Conservation Code. Since there are 50% of the students onsite each school day (i.e., 4 students or 6 students per classroom), staff hold the hand of one student on each side and escort the students out of the building during fire drills. Students escorted by staff maintain six feet distance from the person ahead of them. Hallway floors are marked with tape to remind staff & students to maintain six distance during drills and whenever they are in the hallway. All exits from the early learning center are used to limit the number of adults and children exiting the building at one time. A new map was developed for the early learning center, demonstrating the exit to be utilized. For lockdown drills, all windows and door windows are covered, and social distancing is maintained as best as possible within the classroom.

COVID-19 Safety Officers:

The COVID-19 Safety Coordinator for the Bronx Early Learning Center is Randy Williams, R.N. Ms. Williams's contact information is: 718-466-3580, rwilliams2@voa-gny.org. Ms. Williams works in collaboration with Ms. Rosenthal, Director of Early Childhood Educational Services. Ms. Williams and Ms. Rosenthal also work closely with community agencies and organizations. Staff and families have been informed of the COVID-19 Safety Coordinator at the site and have been provided with their contact information. This information has also been shared with NYCDOE 4410 Program Office and the NYCDOH/MH childcare licensing specialist.

Accommodations:

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

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

- Indicate the nature of the physical or mental limitation(s)
- Indicate the expected duration of limitation(s)
- Explain how the disability/limitation affects the ability to perform the essential functions of the job
- Explain the accommodations needed to perform essential functions
- Identify needed equipment if requested
- Indicate whether a health professional has recommended a specific accommodation
- Attach a copy of recommendation from health professional if applicable

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

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

3. FACILITIES

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

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

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

All exit doors have automatic closure mechanisms and are fire rated. Classroom doors and therapy room doors remain open to increase air flow. Child proof gates are used to ensure that students remain in the classroom and therapy spaces. Each classroom has a sink. Hand sanitizer pumps have been mounted throughout the early learning center for easy access (i.e., two locations in each hallway, at the entrances to the building, at the base & top of stairwells, outside of adult bathrooms throughout the entry area). The hand sanitizer pumps are in compliance with all applicable fire codes. There are no drinking fountains located at either early learning center.

Staff are encouraged to eat their meals at their workstations (i.e., classrooms & offices). Staff training has been conducted in small groups, with sessions being repeated, to ensure that social distancing is maintained. In addition, online training has been developed so that staff can maintain social distancing.

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

4. NUTRITION

The Bronx Early Learning Center participates in the NYSED School Breakfast and Lunch Program. All policies & procedures related to mealtimes were amended to reflect Child Nutrition Program requirements. The vendor delivers all meals & beverages in individually pre-packaged containers with child appropriate portions for each food group. The food vendor is an approved

vendor by the NYSED School Breakfast and Lunch Program. The vendor provides meal substitutions to accommodate the food allergies of the students. Food allergies are posted in each classroom with the medical alerts. The vendor delivers the meal containers to the front door and the custodial staff bring the food containers into the building. Assigned staff deliver the meals to the classroom to ensure that social distancing is maintained. Staff distributing the meals have food handler certificates and are masked and gloved. For students receiving remote instruction the Social Services staff offer the families information regarding “Grab & Go” meals at the local public schools, and also offer the family the opportunity to come to the school to pick up the prepared meal(s) for their child.

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

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

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

5. TRANSPORTATION

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

The greeters/screeners at the early learning center take the temperature of the students as they exit the school bus. Students exit from the front of the bus first and then going back toward the rear of the bus to discourage students from being in direct contact with each other.

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

Student arrival and departure times are dependent on the routing prepared by the bus company. Classroom staff escort students to their respective buses and students board the bus starting the.

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

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

6. SOCIAL EMOTIONAL WELL-BEING

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

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

The learning center has a parent council, and the parent council meets virtually. The parent council, in conjunction with the Social Services staff and School Nurse continue to meet to discuss topics of concern to families, which have included: signs & symptoms of COVID-19, accessing food resources, accessing financial resources, accessing legal resources, accessing mental health resources, accessing medical resources. The Social Services staff and School Nurse also "meet" with families individually.

Our clinical departments, inclusive of the Social Services staff and the School Nurse, participated in trauma informed webinars and workshops during remote learning, to gain access to additional information and resources. The Director of Early Childhood Educational Services continues to participate in virtual monthly community planning board meetings and accesses the community planning board website to gather resources to help families during the pandemic.

Information has included: locations of food banks & “grab and go” food programs, mental health resources providing tele-health services, medical resources providing tele-health and onsite services, support for families experiencing domestic violence, etc.

Team meetings continue to be held on a regularly scheduled basis, to provide resources for individual families and to provide support and training to the parent councils and their ongoing meetings. The teams include: Social Services staff, the School Nurse, Teacher(s), Clinical Supervisors (i.e., psychology, speech, occupational therapy, physical therapy), and will be led by the Teacher. The Social Services staff and School Nurse have established relationships with community organizations & governmental agencies which provide mental health, medical, legal, financial, and housing support to families. The early learning center maintains a list of the community organizations & governmental agencies which provide support to families.

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

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

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

7. SCHOOL SCHEDULES

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

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

As a result of the meetings with stakeholders, the Bronx Early Learning Center provides an A & B cohort in each classroom for students whose families choose to have their child receive in-person services with a blended program model. Up to one half of the students in each classroom (in 8's and 12's classrooms) receive full day in-person services in cohort A and receive remote instruction the next week. Cohort B receive in-person services the next week, while students in cohort A receive remote services. Students participating in remote instruction only, receive all services at home. Students participating in the blended model attend on Mondays Tuesdays Wednesdays, and Thursdays. On Friday, all students receive remote instruction & tele-therapy and program, and staff also work remotely. Staff & families receive a monthly calendar to identify the A & B weeks.

BRONX EARLY LEARNING CENTER

WEEK	Monday	Tuesday	Wednesday	Thursday	Friday
Week One	Cohort A in Person Cohort B Remote Cohort C Remote	Cohort A in Person Cohort B Remote Cohort C Remote	Cohort A in Person Cohort B Remote Cohort C Remote	Cohort A in Person Cohort B Remote Cohort C Remote	All Students Remote
Week Two	Cohort B in Person Cohort A Remote Cohort C Remote	Cohort B in Person Cohort A Remote Cohort C Remote	Cohort B in Person Cohort A Remote Cohort C Remote	Cohort B in Person Cohort A Remote Cohort C Remote	All Students Remote
Week Three	Cohort A in Person Cohort B Remote Cohort C Remote	Cohort A in Person Cohort B Remote Cohort C Remote	Cohort A in Person Cohort B Remote Cohort C Remote	Cohort A in Person Cohort B Remote Cohort C Remote	All Students Remote
Week Four	Cohort B in Person Cohort A Remote Cohort C Remote	Cohort B in Person Cohort A Remote Cohort C Remote	Cohort B in Person Cohort A Remote Cohort C Remote	Cohort B in Person Cohort A Remote Cohort C Remote	All Students Remote

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

Students receiving in-person services remain in their classroom “pod/cohort” throughout the school day, whenever possible. The Teacher and one Teacher Assistant work directly with the students in the classroom. The second Teacher Assistant provides remote learning activities to the students at home via: e-mails, interactive platforms, telephone consultations, facetime into the classroom so that students can participate in “live” activities, etc. Students receiving remote

instruction services, either full time or for their assigned week, also receive their therapy services during the school day. Their Therapists engage with the students & families, from their therapy offices.

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

Administrative staff at the early learning center work a blended schedule, where two days of the week they telecommute and other three days they work on site. Schedules are staggered so that the minimum number of administrative staff necessary on are site each day. At the Bronx Early Learning Center teaching staff and clinicians work remotely on Fridays, and the supervisors will select a second day a week for staff to work remotely, ensuring that there is appropriate staff coverage onsite.

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

8. BUDGET AND FISCAL

During remote instruction, a separate cost center was established to reflect all COVID-19 related expenses, which included: PPE, internal renovations to the early learning center, staff development trainings, and classroom supplies & equipment. The early learning center applied for the mini-grants as part of the federal CARES Act to offset some of the costs associated with preparing the early learning center for in-person services. During the school closure, as per the executive orders of the Governor and the Mayor, students continued to receive special education services and related services as mandated on their IEP's. At the present time, the current tuition rate does not support the increased expenses in preparing the early learning center for re-opening.

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

9. ATTENDANCE AND CHRONIC ABSENTEEISM

Attendance records are maintained using the classroom and therapy attendance cards, in addition to the daily logs completed by each teacher and therapist. Students & families receiving remote

instruction 100% of the time or as part of the blended model, are offered services as mandated on their IEP (i.e., 5 days of special instruction, number of mandated related services sessions per week). During remote instruction, the parent log reflects if the session was completed, and if not, the reason(s) why the services was not completed for that day (e.g., parent declined service, student or parent had a doctor's appointment, student or parent ill, etc.).

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

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

For families & students where there has is chronic absenteeism (i.e., frequent absences, absence extending beyond the required self-quarantine period, sporadic attendance) during remote & in person instruction, the Social Services staff have put the following protocols in place to provide outreach to families: telephone call(s) to the family, e-mail to the family, certified letter sent to the family, contacting emergency contacts/approved escorts (i.e., to obtain updated contact information). All communication with the family, orally & in writing, is in the family's primary language. Where there is sustained lack of contact with a family (i.e., more than 10 days), the Social Services staff reach out to the CPSE Administrator.

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

10. TECHNOLOGY AND CONNECTIVITY

During the week of March 16, 2020, when schools closed, the teaching staff reached out to families to ascertain their technology capabilities and needs. Until such time as the NYCDOE

provided access to I-pads for our students, many families were using their smartphones to participate in remote instruction. As new students are enrolled at our early learning center, our Intake Department assesses each family's access to technology, and where appropriate, the early learning center reaches out to the NYCDOE for an I-pad for the family. As new students are enrolled at the early learning center, the Intake personnel discuss the technology capabilities/needs of each family

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

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

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

11. TEACHING AND LEARNING

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

In the event that schools are once again closed by government authorities, the early learning center is prepared to go back to 100% remote instruction, with the teaching staff and therapy staff continuing with their same caseload of students.

Instruction continues to be aligned with the outcomes in the New York State Learning Standards, in conjunction with the individual goals & objectives on each student's IEP. The Creative Curriculum continues as the foundation for the development of learning activities for students. As stated earlier in this plan, students & families are offered the weekly mandated services on each student's IEP. During remote instruction, teaching staff and therapists are respective of the

level of participation by each family and document all outreach attempts and completed sessions with the family. For families who select the blended model, students continue to receive their mandated IEP services during their week in school, as well as during the week that the student is participating in remote instruction.

While students receive remote instruction, they are offered the opportunity to participate in synchronous instruction (remote interaction with the classroom activities) and asynchronous learning (one to one remote instruction with teaching staff). Webcams have been installed on each classroom computer, and families are able to participate in daily classrooms activities remotely (e.g., morning circle, read a-longs, music, fine & gross motor activities, mealtimes). The teaching staff email parents a weekly classroom schedule with dates and times for families to participate from home.

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

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

For those students who participate in the blended model, their classrooms will have no more than one half of the student population in their classroom. There is more individualized attention for each student onsite to assist in the adjustment to returning to school, or for new students, coming to school for the first time. Staff have focused on comforting students and introducing or re-introducing students to classroom routines and schedules. Much time has been devoted to assisting students in identifying their written name/alongside their picture, since students will be assigned their own chair, their own place at the table, their own cubby, their own work/supply bin, and their own poly spot for seating on the floor. Students also receive guidance in maintaining social distancing, using their elbow for coughing and sneezing, and washing their hands. Since bringing toys/transitional objects from home is discouraged, staff reach out to families to ascertain their child's favorite book, song, activities, etc. to comfort the child help and them to adjust to being in school.

The classroom staff (i.e., Teacher and two Teacher Assistants) remain intact, and may rotate in providing remote instruction and in-person instruction to their students. Planning time and participation in team meetings helps to ensure consistency between remote and in-person instruction for the teaching staff and the assigned Therapists for the students. Students are informally assessed at the Bronx Early Learning Center using the DAYC Checklist. The

checklists are updated on a quarterly basis in preparation for the quarterly progress reports to families.

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

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

12. CAREER AND TECHNICAL EDUCATION

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

13. ATHLETICS AND EXTRA CURRICULAR ACTIVITIES

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

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

14. SPECIAL EDUCATION

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

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

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

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

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

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

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

15. BILINGUAL AND WORLD LANGUAGES

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

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

16. STAFFING:

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

**Our early learning center will continue diligent recruitment efforts to identify and process qualified Teachers, and Substitute Teachers, as appropriate. During the 2020-2021 school year, as permitted by NYSED, if qualified Substitute Teachers cannot be engaged, individuals with a high school diploma or equivalent, even those individuals not working toward NYS certification can be first engaged for up to ninety (90) days and then beyond the first ninety (90) day period*

through the end of June 2021, as long as the Superintendent (i.e., VOA Director of Early Childhood Educational Services) documents and attests that recruitment efforts did not identify a fully qualified Substitute Teacher. The Superintendent (i.e., VOA Director of Early Childhood Educational Services) must attest to the shortage of qualified recruits initially and then at the end of the first ninety (90) day period. Recruitment efforts will be extensively documented.

17. TEACHER AND PRINCIPAL EVALUATION SYSTEM

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

All staff participate in the program performance evaluation process two times per year with their Supervisor (i.e., early in the school year and at the end of the school year).

18. STUDENT TEACHING

The early learning center works collaboratively with colleges and universities to have student Teachers and students majoring in occupational therapy, speech therapy, physical therapy, social work, and school psychology participate in our programs. It is the intention of the early learning center to continue to have student teachers and student clinicians participate in remote instruction and in-person services during the 2020-2021 school year. Assigned student teachers and student clinicians are included in the three days of staff development training/orientation provided to all staff at the early learning center and continue to daily receive supervision.