



*Building Blocks Preschool  
COVID  
Reopening Plan*

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# INTRODUCTION

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It is difficult to comprehend how much our world has changed since March of 2020. The COVID-19 pandemic has impacted our students, their families, our staff and our schools in ways many of us have yet to fully understand. At these unprecedented times, we must reflect on the end of the 2019-20 school year to learn from our decisions to help inform our actions for the year ahead.

There is no doubt that the 2020-21 school year will provide its own set of unique challenges. It is our goal to utilize this document to prepare our staff, students, families and partner Counties and School Districts for the wide variety of situations that we may face in the year ahead.

This document was developed through the collective efforts of HCA staff, including key program administrators, and, staff representing the nursing, clinical, education and maintenance departments. This plan will be shared with key community stakeholders, including: School District CPSE/CSE Chairpersons, representatives from the local County Department of Health, parents with children in our program, staff and members of the HCA Board of Directors. All feedback from these key community stakeholders will be accepted and considered for incorporation into the document.

It is anticipated that this document will be updated, as additional guidance is provided by the Centers for Disease Control (CDC), the New York State Department of Health (DOH), the New York State Education Department (NYSED), Local Health Department, and, as our collective understanding of the COVID-19 virus evolves. Please refer to our website for the most up-to-date information at [hcaserves.com](http://hcaserves.com).

It is HCA's goal to utilize this document, with its included safety procedures, to keep our students, and staff, as safe as possible as we reopen our programs. If we each accept our role and responsibility to implement the practices set forth, we will be able to achieve our goal to reduce the risk of spreading COVID-19, and, to create an environment where our students can achieve their greatest level of independence.

## **PROGRAM OVERVIEW**

### *HCA – (HELPING CELEBRATE ABILITIES)*

HCA, now Helping Celebrate Abilities, has been providing services to people with disabilities since 1947. Formerly known as Handicapped Children's Association, HCA began as a small preschool for children with special needs has grown into a much larger organization, serving individuals of all ages. HCA programs include 16 residential group homes, 6 integrated co-taught preschool classrooms, one UPK only classroom; as well as respite, habilitation, counseling, employment, and self-directed services. HCA is a New York State Cerebral Palsy Affiliate and a United Way Member agency.

HCA is a New York State Department of Education approved 4410 preschool program. Preschool programming is provided in an integrated setting where children, ages three to five years, with various developmental delays have the opportunity to learn in classrooms with their typically developing peers. In addition to being approved by the New York State Educational Department (NYSED), one program is also licensed with the New York State Office of Children and Family Services (OCFS).

HCA owns and operates its own preschool facility in Johnson City, and operates classrooms in the Union Endicott Central School District, Binghamton City School District, and The Discovery Center of the Southern Tier. HCA is dedicated to the education and development of all children. Students at different developmental levels work and learn together in an inclusive setting at each site. Curriculum and instruction are based on the New York State Standards for Preschool, as well as consideration given to the developmental level of our students. We are a play-based program that provides a nurturing environment for our children focused on making learning fun, engaging and exciting.

### *OUR MISSION/VISION*

Our vision is to provide opportunities for integration into the community in a dignified, respectful manner and to provide an environment where activities, services and support are based on the individual. An environment where a person with a disability is treated as a person.

### *OUR EDUCATION PHILOSOPHY*

The purpose of HCA's Building Blocks Preschool program is to provide an enriching play-based environment where children are exposed to a variety of motivating opportunities in which children, through play, explore their environment, while addressing goals and objectives that are academic, physical and social/emotional.

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# COMMUNICATION/FAMILY AND COMMUNITY ENGAGEMENT

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Ensuring effective communication methods are in place is of the utmost importance during this time. The following sections detail the ways in which correspondence will occur to ensure that stakeholders, parents/guardians, students, faculty and staff stay informed of the latest protocols. Methods of communication include but are not limited to: phone calls, emails, text messages, BLOOMZ application, Zoom, Facebook, Agency website postings, news outlets, and mailings. It should be noted that a variety of communication methods will be utilized to communicate information to key stakeholders, based on the recipient's preference.

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## **COMMUNICATIONS WITH STAKEHOLDERS/COMMUNITY MEMBERS**

HCA views the key stakeholders of its education programs to include: School District CPSE/CSE Chairpersons, representatives from the local County Department of Health, parents/guardians with children in our program, staff and members of HCA Board of Directors.

As the current educational environment is ever-changing, it will be critical to maintain open and honest communication with each of these key stakeholder groups. Specific information relative to each community/program partner will be transmitted in a variety of methods, including phone calls, emails and mailings. Decisions will be made by HCA's program leadership team as to who will communicate with each group, based on the information to be shared.

## **PARENT/GUARDIAN COMMUNICATIONS**

The classroom teacher, or designated classroom staff member, will engage in frequent outreach to students, and their families, to ensure necessary supports are in place for academic success. This communication will be conducted through phone calls, text messaging, email, BLOOMZ application, video conferencing, social media posts, mailed communications, and/or any combination of these methods, depending on family preference. Parents/guardians will be provided contact information for staff working with their child, including teachers, therapists and

program administrators to further strengthen rapport and ensure open lines of communication. Families will be encouraged to communicate with the education team as any questions, comments, or concerns arise.

Additional measures to keep families informed, include:

### *LOW TECH COMMUNICATION OPTIONS*

For families that do not have access to technology, or decline the use of technology despite best outreach and supportive measures, low tech communication options will be deployed. Mailed packets, communications, and/or materials will be sent through the United States Postal Service, and/or with students in their backpacks.

### *SOCIAL MEDIA AND NEWS OUTLETS*

HCA may choose to communicate with families via social media platforms including but not limited to: Facebook and YouTube. Family participation in this type of communication will be optional. Choosing to participate in such will be received as the family's consent to receive information via social media applications.

Where applicable, the creation of private groups or subgroups through media channels may help streamline announcements specific to a relevant program. If and when Parents/Guardians choose to accept invitations to these groups, or request access to such, HCA will receive this as consent to proceed with communications through the appropriate platform.

Correspondence through social media may include:

- Announcements regarding program events or closures
- Details and/or surveys regarding health and safety procedures
- Guidelines from the CDC and DOH
- Resources for families regarding physical and mental health

As not all families have access to the various social media platforms, this will not be the primary method of communication, rather, will be used as a supplement to other forms of communication.

Program information, such as closures, may also be reported through local news outlets, which can be accessed through radio, television, and web-based connections.

### *AGENCY WEBSITE*

The HCA website may be utilized for mass communication measures. The agency website may be used to post general information about health and safety standards with guidance from

NYSED, the CDC and DOH, as well as changes in the program model. As this method relies on parents/guardians checking the website for updated information, it will not be the primary method of communication, rather, will be used as a supplement to other forms of communication.

### *TRANSLATION/ INTERPRETING SERVICES*

In the event parent/guardians require translation or interpreting services, HCA will work collaboratively with local translators, and/or with the student's home school district to provide such measures. This will help to ensure parents are properly informed of the educational services provided.

## **COVID-19 PROTOCOLS & SAFETY FOR STUDENTS**

Students enrolled in an HCA program have complex needs that may make it difficult for them to fully understand and/or fully comply with established COVID-19 safety protocols. As such, staff will need to provide frequent reminders of the established protocols, and, will need to create opportunities for our students to practice these tasks. All students will be encouraged to wear a face mask provided by their parent/guardian. HCA will provide masks to students that do not arrive to school with their own mask. All students will have multiple opportunities to practice hand washing and social distancing. Visual cues will be provided to indicate appropriate distance within the classrooms and when transitioning in the hallways. For students requiring a more individualized approach for tolerating wearing a face mask, the clinical and educational teams will work together to assess and teach toleration skills.

### *HAND WASHING*

To ensure students follow the steps to thoroughly wash their hands throughout the day, individualized teaching procedures will be developed in collaboration with the educational/clinical team. These procedures will be taught utilizing prompt fading specific to the student and may include video modeling, task analysis, visual charts, etc. Hand sanitizer is available when hand washing is not possible.

### *FACE MASK WEARING*

Face masks will be worn at all times, unless a mental health or physical health condition is documented. Lessons on mask wearing, social stories and video modeling, as well as incentive plans will be used to assist students. Students will be permitted to take masks off during snack time and gross motor play outside. Students will be socially distanced during these times. Students will also be permitted to take off masks when they engage in instruction/activities where students are 6 feet from another person. Markers such as hula hoops/mats on the floor, visual

cues on tables and use of trays will identify appropriate social distances for when masks are not worn.

## **STAFF AND VISITORS**

### *STAFF COMMUNICATION AND TRAINING*

HCA agency email will be utilized as the main form of communication to disseminate information to staff in the HCA education program. Agency supervisors will relay any pertinent information to those staff that do not have agency email. Faculty and Staff have also been instructed to send any COVID-19 related questions, comments, concerns to a dedicated COVID-19 monitor.

Staff Members are able to access related COVID-19 information on the agency's SharePoint portal. Mailed or printed materials may also be handed out to staff or mailed to the home if needed.

HCA will utilize online trainings related to relevant information for staff regarding health and safety procedures that help promote the safety of all involved. As appropriate trainings are developed, they can be assigned to specific employee groups. Completion of assigned trainings will be monitored and program administrators will follow up with any staff that fail to complete the assigned trainings.

### *VISITORS*

HCA will limit the number of visitors to those that have a business need. Every attempt will be made to schedule visits in advance when there are no students in the building. In the event that a visit must be scheduled during hours of student attendance, all efforts will be made to eliminate or minimize the opportunity for interaction between the visitor and students. All visits or work that must be done in person and cannot be conducted in a technological or remote fashion will be subject to the following guidelines:

- Single point of entry, visitors may only enter the building through a designated door with an appropriate health check point;
- Visitors will be subject to temperature checks and health screenings;
- All visitors will be required to wear a mask through the duration of their stay. If they do not have a mask, one will be provided;
- Visitors will be asked to provide basic contact information to assist with contact tracing efforts, if necessary;
- Social distancing protocols will be enforced.



When visitors or vendors are in the building, they will be reminded of these provisions verbally during screening, by signage posted throughout the building, and receive further guidance by building staff if and when necessary.

In the event of a change in the school status, vendors may be notified by school staff or via the PA system which can be heard throughout the campus.

## **VISUAL REMINDERS FOR CDC AND DOH GUIDANCE**

Visual reminders of CDC and DOH guidelines will be posted at building entrances and health check points for reference for students, staff, and visitors entering the school buildings during the screening process upon entry. Signs will also be posted throughout each building to reiterate social distancing, proper mask application and removal, hygiene protocols, and the importance of self-monitoring for any signs or symptoms of COVID-19.

## **COMMUNICATION CONSIDERATIONS**

As described above, various methods of correspondence have been identified to maintain communication and rapport with families of the students we serve. Emails, phone calls, voicemails through the BLOOMZ application, teleconferencing, and social media platforms all extend opportunities for two-way communication and feedback submissions. Regular contact with the educational/clinical team is imperative for student/family engagement and success.

All forms of communication will contain the most updated information if and when schedules, guidelines, or safety measures are adjusted.

Resources and measures will be implemented to grant technology access to all families based on available resources. However, it should be noted in the event the family declines technology usage, a lack of resources occurs, or internet is not available in the area, low tech solutions will be deployed.

## **COVID-19 MONITORS**

HCA's designated COVID-19 monitors are Lisa Krey, Executive Assistant and Clinical Director Christine Breslin, RN. Lisa can be contacted via email at [l.krey@hcaserves.com](mailto:l.krey@hcaserves.com). Chris can be reached at [c.breslin@hcaserves.com](mailto:c.breslin@hcaserves.com).

All key stakeholders mentioned above are encouraged to contact Lisa Krey or Christine Breslin, RN, or designee should questions, comments or concerns arise. It is recognized that each key

stakeholder group may have a closer relationship to the staff and/or administrator for the program that the student participates in; as such, these stakeholders should feel comfortable reaching out to those resources for assistance. Education program administrators and staff can help facilitate the lines of communication to garner further clarification or resolution if needed.

## HEALTH AND SAFETY

HCA is committed to ensuring the health and safety of all students and staff enrolled in our education programs, and recognizes and accepts its responsibility as an employer and provider of services. HCA will implement procedures, based on current best practice guidelines, to create as safe and healthy workplace and learning environment for all staff and student as possible.

HCA has implemented the following health and safety protocols, in accordance with guidance from the New York State DOH, NYSED and CDC. The highest standard in health and safety management will be implemented and considered an integral part of how our schools operate. These practices will be implemented, across all work activities and across the wide range of educational activities delivered, at all HCA education program locations.

### PROGRAM OVERVIEW ~ HCA Building Blocks Preschool

Site Location	Number of Classrooms	Possible Number of Students*	Possible Number of Students for Fall*	Dates	Instructional Model
HCA 18 Broad Street Johnson City, NY 13790	4	64 SPED 28 UPK 52 Private Pay	72 SPED 38 UPK 52 Private Pay	09/09-10/07/2020 10/08-10/20/2020 10/21-12/20/2020 12/21-1/15/2021 Anticipated Return 1/19/2021	Hybrid Remote Hybrid Remote Hybrid
MacArthur School 1123 Vestal Ave. Binghamton, NY 13903	1	8 SPED 10 UPK	0 SPED 0 UPK	09/14/2020-10/20/2020 10/21/2020 This location temporarily closed due to school district closure. Students relocated to Broad Street location.	Broad Street location
The Discovery Center 60 Morgan Road Binghamton, NY 13903	1	7 SPED 11 Private Pay	7 SPED 11 Private Pay	This location not open	
Linnaeus W. West School 1201 Union Center Maine Hwy Endicott, NY 13760	1	18 UPK	9 UPK 9 UPK	This location not open	

\* Fall numbers are based on a 2 day in-person hybrid program and current SED approvals. Subject to change based on current COVID-19 conditions. \*\* SPED – Students with Special Needs

## **COMMUNICATION PLANS**

Parents/Guardians play a vital role in the health and safety of students. Pre-screening students at home, before their arrival to school can decrease the spread of COVID-19. Printed information packets will be provided to families with instructions detailing the steps to be taken to screen student health each morning before school. This guidance will be developed in accordance with the most current CDC, NYS DOH and NYSED guidelines.

Families will be instructed to:

- Check the temperature of the child/student before placing them on the bus for transport to school;
- Look for and monitor the child/student for any signs or symptoms of COVID-19 as described in further detail in the sections below.

Daily, families will also be required to answer the following regarding the child/student:

- Has the student knowingly been in close or proximate contact in the past 10 days with anyone who has tested positive through a diagnostic test for COVID-19 or who has had symptoms of COVID-19;
- Has the student been tested for COVID-19, and/or has tested positive through a diagnostic test for COVID-19 in the past 10 days;
- Has the student experienced any symptoms of COVID-19, including a temperature of greater than 100.0°F in the past 14 days: and/or
- Has the student travelled internationally or from a state with widespread community transmission of COVID-19 per the [New York State Travel Advisory](#)

This information will be collected using a variety of methods and will be adjusted accordingly based on family feedback and/or efficacy.

Collection methods may include:

- Paper checklists sent home with students in a communication folder in their backpacks that are to be returned to the school;
- Utilizing Bloomz software

Reminders to complete the screening documentation will be sent in a multitude of ways. Teachers may opt to send reminders through BLOOMZ, printed daily notes, emails, text messages, or phone calls.

As responses are received, the information will be submitted to a COVID-19 monitor for further evaluation. In the event it is deemed unsafe for the student to stay in school, based on the responses provided to the survey questions, parents/guardians will be promptly notified, and additional protocols as detailed in the following sections will be followed.

It is possible that not all parents/guardians will have the capability to return such information in a timely manner despite best efforts/reminders put in place. All parents/guardians and students will be treated fairly and respectfully in such situations.

## **INSTRUCTING STAFF ON SIGNS AND SYMPTOMS OF COVID-19**

All educational/clinical staff will receive training in accordance with the NYS Department of Health, NYSED and CDC guidelines. The following trainings will be offered utilizing a combination of in-person and remote/virtual platforms;

- Signs and symptoms of COVID-19 (Fever  $\geq 100.0^{\circ}\text{F}$ , cough, shortness of breath, difficulty breathing, fatigue, muscle or body aches, headache, loss of taste or smell, sore throat, congestion, nausea, vomiting, diarrhea, flushed cheeks, rapid, or difficulty breathing, frequent use of the bathroom);
- Hand Hygiene (washing hands frequently throughout the day with warm water and soap for at least 20 seconds and using paper towels to thoroughly dry hands). For staff, when hands cannot be washed, an alcohol-based hand sanitizer, with at least 60% alcohol, should be used;
- When to call the RN;
- When to isolate a child until they can be picked up;
- How to complete necessary paperwork - reporting sick staff and children to a COVID-19 monitor for tracing and tracking purposes;
- Agency policy for staff illness and COVID-19 return to work policies;
- Universal Precautions.

## **DAILY HEALTH SCREENINGS FOR STAFF/ VISITORS/ VENDORS**

HCA has implemented daily temperature checks and COVID-19 screenings for ALL staff prior to the start of the work day. The screenings will be completed according to CDC guidelines. Any staff who are ill, running a temperature  $\geq 100.0^{\circ}\text{F}$  or fail the COVID-19 screening questions

will be sent home until they meet all required criteria to return to work. All staff will be required to follow up with their health care provider prior to their return. Staff with known exposure to COVID-19 will follow the guidelines put forth by the DOH and CDC for return to work and must consult with the school nurse prior to their return. Students with known exposure to COVID-19 will be required to quarantine for 10 days before they will be allowed to return to school. If a visitor or staff fail the COVID-19 screening, are ill or have a temperature they will not be permitted to proceed beyond the screening area.

- Every building will have a designated single point of entry for all staff, visitors and vendors. Screenings and temperature checks will occur daily at the point of entry and information will be recorded on the corresponding Agency form as a pass or a fail. Non-contact, thermal scanners will be used, to reduce the opportunity for spread of the virus.
- Screening forms, for visitors and vendors, will ascertain name, address and phone number in the event the visitor needs to be contacted for contact tracing purposes.
- Screening questions following NYS DOH and SED required screening questions, including, whether the individual has:
  - knowingly been in close or proximate contact in the past 10 days with anyone who has tested positive through a diagnostic test for COVID-19 or who has or had symptoms of COVID-19;
  - tested positive through a diagnostic test for COVID-19 in the past 10 days;
  - has experienced any symptoms of COVID-19, including a temperature of greater than 100.0°F in the past 10 days: and/or
  - has traveled internationally or from a state with widespread community transmission of COVID-19 per the New York State Travel Advisory in the past 10 days.
- The program will document completed screenings.
- Staff conducting the screenings may utilize proper Personal Protective Equipment (PPE), including masks, gloves and face shields and follow procedures including cleaning the thermometer with alcohol pads after each screening.
- If a visitor or vendor has a temperature, symptoms, or fails the COVID-19 screening, they will not be permitted to enter the buildings/pass beyond the screening checkpoint. Visitors will be limited to only those absolutely necessary for the safety and wellbeing of our students.

## **DAILY HEALTH SCREENINGS FOR STUDENTS**

- Any child attending one of our education programs will be screened prior to entering their classroom for signs and symptoms of COVID-19. The screening will be completed

according to DOH, CDC and NYSED guidelines. Social distancing will be maintained while screenings are completed. Children will be supervised by their parent or direct care staff while waiting for their screening to occur. Non-contact, thermal scanners will be used, to reduce the opportunity for spread of the virus. Any child who has a fever, a temperature of  $\geq 100.0^{\circ}\text{F}$  and/or shows symptoms related to COVID-19 will be marked as having failed the health screening. Sick students should be isolated and assessed by the RN. Every building will have designated points of entry for all students.

- Temperature checks will occur daily at the point of entry as students are taken off the bus or as parents arrive to drop the students off for school. All information will be recorded on the corresponding Agency form as a pass or a fail. Non-contact, thermal scanners will be used, to reduce the opportunity for spread of the virus.
- Staff conducting the screenings may utilize proper Personal Protective Equipment (PPE), including masks, gloves and face shields and follow procedures including cleaning the thermometer with alcohol pads after each screening.
- If a student has a temperature or symptoms:
  - And, were transported to school by their parent/guardian, they will be denied entry to the building.
  - And, was transported to school on a bus, the student will be masked and moved to a supervised isolation location, ensuring that the student is kept separate from others who are not displaying symptoms.
- In the event of a student not passing the temperature check, the parents will be instructed on all criteria that **MUST** be met prior to their child returning to program. Student must quarantine if presumed positive and must have an alternate diagnosis from their primary care provider to return prior to the end of quarantine period. Minimal criteria for returning would be a release from their primary care provider and the student being symptom free for 72 hours without the use of medication.
- If COVID testing is completed and positive, the Department of Health would need to release the child back to school.

## **STAFF ASSESSING ILL STUDENTS/STAFF**

When a nurse is completing an assessment on an ill child or staff, or supervising students under isolation until parents arrive, that nurse will wear all appropriate PPE. This should include:

- A face mask
- Gown
- Gloves
- Face shield/ eye protection

- Disposable health office supplies (as possible)

A separate room will be utilized for isolation of sick children, separate from the nurse's office where well children are seen. The isolation room will be cleaned according to CDC guidelines between children.

## **PARENTS/ GUARDIANS**

Parents will be notified of their responsibility with regards to promoting health and safety in our building and helping to limit the spread of COVID-19. Information sent home to and available for parents will be translated, if needed, to ensure understanding. Parents will be asked to sign and return an agreement to comply with the following expectations:

- Take their child's temperature each day before sending them to school;
- Keep their child home if they have a temperature greater  $\geq 100.0^{\circ}\text{F}$ ;
- Keep their child home if they have any symptoms of COVID-19;
- Keep their child home if anyone in the home has tested positive for COVID-19, has symptoms of COVID-19, and/or has come in contact with someone who has tested positive for COVID-19;
- Pick their child up from school if he/she develops a temperature, or symptoms of COVID-19 while at school;
- Limit items sent to school with their child to essential items only;
- Only send their child to school on their designated days, if a hybrid model is implemented;
- Having their child's temperature taken when he/she arrives at school.

## **PROPER SIGNAGE TO INSTRUCT STAFF AND STUDENTS**

All HCA education program locations will hang signage, in prominent and highly visual areas, including, but not limited to, on parent information boards, school entrance doors, bathrooms, administrative offices and janitorial staff areas. These signs will include information on:

- When to stay home if sick
- Effective hand washing
- Proper respiratory hygiene and cough etiquette
- Required social distancing protocols
- Proper mask usage
- CDC signs and symptoms related to COVID-19 illness
- Reporting expectations for any signs and symptoms of COVID-19
- Proper cleaning and disinfecting guidelines

## **SOCIAL DISTANCING**

Keeping space between yourself and others is one of the best tools we have to avoid being exposed to COVID-19 virus, and to slow its spread. Since people can spread the virus before they know they are sick, it is important that they social distance from others whenever possible, even if they have no symptoms. Social distancing will be required by HCA, especially to help protect people who are at higher risk of getting sick. Everyone in our school building will be expected to follow social distancing practices of 6 feet or more. Staff and students will be encouraged to:

- Maintain 6 feet of social distancing when possible. If not possible, 3 feet will be used, as well as barriers and use of cohort model.
- Not gather in groups
- Stay out of crowded places and avoid large gatherings
- Engage in non-contact methods of greetings that avoid handshakes
- Stagger drop off and pick up times
- Use designated areas and maintain at least 6 feet and/or use of clear barriers for separation during snack/meal times if a minimum of 3 feet cannot be maintained or use of cohort model.
- Same cohort students will be placed with the same teacher each day
- Stagger the use of restrooms
- Students will eat snacks/meals while in their classroom while maintaining social distancing.
- Playground use will be staggered and used by only one classroom at a time. Children and staff will wash their hands before and after using the playground and will maintain 3 - 6 feet social distancing whenever possible.
- Utilize additional outside spaces

Within our classrooms, tables will be sectioned to prevent transmission caused by droplets. Teachers will attempt to maintain one-way traffic flow in their rooms to keep to social distancing guidelines

It should be noted that all attempts to maintain social distancing with our students will be made, however, given the core function of our schools is to provide preschool and special education services to students with very complex behavioral needs, maintaining proper social distancing may prove to be challenging. As such, staff will be masked at all times when in a space occupied by students, and/or, when in common, public areas of the building. Due to our student's special



needs, if a student is medically frail, and unable to maintain 6 feet social distancing, the parent should work with their child's medical provider to determine if in-person instruction is appropriate.

## **ACCOMMODATIONS FOR HIGH RISK STUDENTS, THEIR FAMILIES AND STAFF**

HCA provides care and education to a population of students with diagnoses and disabilities that more often than not require special needs care. Due to this factor, we will treat all of the students within our programs as special needs students when it comes to COVID-19. It should be noted that if a student is medically frail or lives with someone who is immunocompromised, and that student is unable to maintain 6 feet social distancing, the parent should work with their child's medical provider to make a decision whether in-person instruction is appropriate, or whether it is more appropriate for the student to participate in a virtual/remote learning option. We will follow all CDC and Department of Health guidelines on caring for a special needs or immunocompromised student. Staff that are considered high risk will work with the HR Department to determine appropriate accommodations.

### *NEBULIZER TREATMENTS*

Nebulizer treatments cause respiratory droplets to become airborne, which can spread COVID-19. Therefore, HCA feels that nebulizer treatments cannot be safely administered at school. Our school nurse will have a discussion with parents/medical provider to establish if treatments can be administered before or after school or, if it is appropriate, to have the child use an inhaler. A decision will be made if services should be virtual if a child is compromised by respiratory issues.

## **PERSONAL PROTECTIVE EQUIPMENT (PPE)**

HCA will supply PPE to all employees and to students who do not or cannot supply their own. PPE including, but not limited to, face masks, gloves, face shields, gowns, hand sanitizer, hand soap and cleaning supplies will be maintained by the assigned staff. The COVID-19 monitors at each site will maintain contact with the proper agency staff to ensure adequate supplies are onsite, when needed. A checklist will be utilized for all PPE including masks, gloves, tissues, hand hygiene supplies and cleaning supplies, to ensure an adequate supply is on hand. HCA will provide PPE as needed to all employees, including custodial staff for cleaning.

## **REQUIRED USAGE OF MASKS BY STAFF**

All HCA staff and visitors who enter a school will be required to wear a face mask at all times while in the classroom, therapy room, and any time he/she is in a space occupied by a student.

Masks will be required and will be provided by HCA. Staff must wear the mask appropriately, covering the entire mouth and nose. Masks must be changed throughout the day if they tear or become soiled. Staff will be trained on the proper ways to don and doff masks to prevent contamination. Failure to follow the Agency mask policy can lead to disciplinary action.

## **USAGE OF MASKS BY STUDENTS**

HCA will provide masks/face coverings for all students; however, due to their developmental disability, and/or young age, many of our students may not tolerate face coverings. As such, students will not be required, but will be encouraged, to wear masks/face coverings. For the students demonstrating these skills, the clinical and educational teams will work on building tolerance to wearing a mask throughout the school day. Precautions including, but not limited to, social distancing and limiting sharing of materials will be utilized with students who will not or cannot wear masks.

- HCA will provide masks for students that do not have their own
- Masks will be provided for those students who wish to wear/will tolerate a mask as well as for students whose education team is beginning to address mask wearing as a goal.
- Students who will not wear masks/cannot tolerate wearing a mask for an extended period of time, will work with their education team to address mask wearing as a goal while at school.
- Students who will wear a mask will be provided regular mask breaks at individualized intervals decided upon by the educational/clinical team. During a 'mask break', staff facilitating MUST be wearing a mask, must initiate the break in a socially distant and safe environment and assist the student in removing his/her mask in a safe manner and replacing it once finished.
- If a student has a medical condition or diagnosis that prohibits them from wearing a mask, student will not be mandated to wear one.
- Masks will be replaced if they become torn or soiled.

## **CLASSROOM/SCHOOL CLOSURES**

If a presumed positive COVID-19 case occurs, the classroom/school will be closed for 48 hours for deep cleaning. Staff and families will be notified and directed to closely watch for symptoms.

If there is a confirmed positive case of COVID-19, we will follow DOH guidelines for contact tracing and will consider closing the classroom/school as mandated by DOH guidelines.

## **RETURNING TO SCHOOL AFTER A POSITIVE CASE OF COVID-19**

Staff and students testing positive for COVID-19 will be directed to work with their county's Health Department. The health department will determine the length of time that person must be under isolation/quarantine. The students or staff will be required to quarantine for length of time specified.

All staff and students must:

- Provide documentation of release of isolation by DOH.
- Have been 10 days since first having symptoms;
- Be three days since symptoms have improved
- Be symptom and fever free for at least 72 hours without the use of medication.

If a staff or student is placed under quarantine due to contact with other COVID-19 positive individuals, they must quarantine for 10 days or submit a negative COVID test after 5 days of exposure if not symptomatic. Refer to current protocols from DOH, CDC and HCA agency guidelines for vaccinated individuals

## **CLEANING AND DISINFECTION**

Educational/clinical staff, administration and custodial crews will be trained on proper cleaning and disinfecting procedures related to COVID-19. A cleaning checklist will be utilized to ensure continuity and compliance in accordance with NYS DOH and NYSED guidelines. Several times throughout the day, staff will provide additional cleaning of high touch points such as:

- Door handles
- Electronic devices
- Tables
- Surfaces in classrooms
- Adaptive equipment will be cleaned between children
- Bathrooms

Staff will clean an area they use after each use. They will be expected to clean all areas in their personal work space as needed.

## **SAFETY DRILLS:**

NYS Education Department mandates that emergency drills be conducted 12 times per year. Emergency drills must include, at least, 8 evacuation drills and 4 lock down drills. These drills will continue during all scheduled in-person instruction times. Special care will be taken to ensure

that children that attend any in-person sessions experience drills and practice for emergency situations; this will be critical as there is a possibility that not all students will be in attendance each day in the event of programming using a hybrid model for instruction. Staff should ensure that safety precautions are taken throughout drills to allow for practice and experience without causing unsafe situations.

- When a drill is initiated, 1 staff per door will be assigned to dismiss each room individually. This will allow for the most students to evacuate at one time without overcrowding at the exit or in the halls.
- Classrooms will line up and exit their rooms following the markers on the floor indicating appropriate distancing between students.
- A log sheet will be created to record emergency drills, which will include a space to identify the group of children present at the time of the drill, (i.e.: A-group or B-group). It will be the responsibility of program administration to ensure that drills occur at various times so as to include all students.
- With adult supervision, students will make use of safety walking ropes while exiting and entering the building during evacuation drills.
- During a lockdown drill, all students will wear masks. If a child is unable to wear a mask, they will be supervised at an acceptable social distance.
- In the case of an actual emergency, getting children to safety immediately will take precedent over all other guidelines.

## **DESIGNATED COVID-19 SAFETY MONITOR**

HCA's designated COVID-19 Safety Monitors are Lisa Krey, Executive Assistant and Clinical Director Christine Breslin, RN. Lisa can be contacted via email at [l.krey@hcaserves.com](mailto:l.krey@hcaserves.com). Christine can be reached at [c.breslin@hcaserves.com](mailto:c.breslin@hcaserves.com).

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# FACILITIES

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When students and staff return program locations, it will be vitally important that the physical spaces occupied are configured and maintained in a way that provides the maximum possible protection from spreading COVID-19.

## **GENERAL HEALTH AND SAFETY ASSURANCES**

HCA will follow all guidance related to health and safety through the procedures outlined in the Health and Safety section of this document. The Agency will adhere to guidance on space usage and will modify the number of students receiving in-person programming at any given time to meet the requirements set forth by the NYSED, DOH, and/or Office of Children and Family Services (OCFS).

## **FIRE CODE COMPLIANCE**

Any changes related to space usage, alterations to the physical space and/or facilities will be submitted to the Office of Facilities Planning (OFP), local municipalities and/or codes enforcement officials to ensure review, approval and/or compliance with applicable codes.

## **VENTILATION**

HCA is daily opening screened windows and door prior to program to ensure that the fresh air ventilation rate is increased in the buildings owned by the agency. In addition, the agency will encourage staff to open external windows and use room fans to increase ventilation when it is safe to do so. We are currently working with vendors to explore modifying our current ventilation system.

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# **NUTRITION**

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HCA sites, with the exception of their MacArthur site, will provide a prepackaged snack for students, in addition to milk or water poured into individual cups. Children that have food allergies are requested to provide their own prepackaged snacks or an appropriate snack will be provided if parents are unable to do so. Tables where snack time is occurring will be cleaned and sanitized before and after snack. Students will wash hands before and after snack. All non-disposable items will be placed in sinks to be cleaned. Disposable materials will be placed in trash. At the MacArthur site, meals will be provided and consumed according to the protocols of the Binghamton City School District.

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# TRANSPORTATION

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HCA is not responsible for the transport of students attending our program. The Agency will work with local Department of Health officials, to ensure proper communication for preschool student transport.

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## SOCIAL AND EMOTIONAL WELL BEING

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In order to meet the social and emotional needs of both our students and staff at HCA, we will ensure the intentional and meaningful inclusion of strategies which include social emotional learning. We will continue to use established protocols in order to create happy, relaxed, and engaged environments in which learning can occur. Furthermore, professional development will include ways to respond to challenging behavior displayed by our students using a thoughtful, trauma-informed process.

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### **SCHOOL COUNSELING PROGRAM**

HCA will review the school counseling program and update it to meet the current needs. Counseling services are provided by licensed clinicians for students as outlined in their Individualized Education Plan (IEP). Additional counseling services are provided based on the needs of the students and families. If a need develops, for counseling services outside of what is recommended on a student's IEP, education staff will work with the student's school district to modify the IEP.

Two on-site social workers are available to provide resources to students, their families and staff as needed.

### **COLLABORATIVE WORKING GROUP**

## *TRANSDISCIPLINARY TEAMS*

Each student's education, clinical, and therapeutic team meet bi-monthly to review any concerns and/or unmet needs of students enrolled in our program. Meeting minutes are generated and shared with the leadership groups. Decisions are made regarding modifications in programming, to help better meet student's needs, based on the discussions during the team meetings.

## **RESOURCES AND REFERRALS**

HCA provides resources including but not limited to: social stories regarding face masks, social distancing, and COVID-19; visual schedules; parent and student friendly presentations about life with COVID-19.

When additional support regarding students and their families social-emotional well-being are needed, educational/clinical staff will provide referrals to local mental and behavioral health agencies. Additionally, staff work closely with the student's parents/case managers to address any unmet needs or services within the home/school environment.

## **PROFESSIONAL DEVELOPMENT**

HCA has established protocols utilizing a trauma-informed approach to improve our student's well-being by preventing escalation of challenging behavior and building trusting relationships with their educational/clinical and support staff. These approaches improve our student's well-being, prevent escalation of challenging behavior and lay the groundwork for trusting relationships with their school staff and families. In general, the established behavior management protocols encourage staff to: show positive regard toward students, invite students to participate in activities, minimize non-essential demands, enrich the environment, provide choices in activities and preferred items, follow the students lead, and thoughtfully respond to challenging behavior. These protocols create a context in which learning is fun, motivating, and most likely to occur.

HCA has an established program to teach social skills to preschoolers that will continued to be utilized and individualized based on the needs of the students. The program includes a class-wide approach that can be individualized for learners of different abilities.

Student Behavior Intervention Plans and pro-active strategies will be reviewed with staff to ensure the behavioral needs of the student are being met as well as the development of appropriate coping strategies.

Staff will receive a trauma-informed training regarding physical, mental, and emotional health. The training will include strategies to improve well-being both at home and work which may include mindfulness exercises, strategies to improve healthy habits, and resources to access additional services, such as mental health therapy.

HCA recognizes that these unprecedented times bring challenges for our staff as well as our students. HCA has an Employee Assistance Program (EAP), which all staff can access. Staff who are experiencing concerns with their own social and emotional well-being are encouraged to utilize the Agency EAP program, or, seek help from an outside provider.

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## SCHOOL SCHEDULES

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Decisions regarding the scheduling of how programming is provided will be informed by materials provided by the NYS DOH health and safety standards as well as the most up to date guidance from the New York State Department of Education. Consideration regarding the needs of students, families, and staff, as well as the realities of available space and student enrollment, will be considered when making decisions regarding programming model for each unique program location across the education department.

In general, HCA will utilize one of three scheduling models: in-person programming, virtual, or remote, programming and/or a hybrid model. It should be noted that HCA will make decisions regarding the type of program model utilized at the program location level as various factors will be considered, which may differ from one program location to another.

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### **IN PERSON SCHEDULING MODEL**

In this model, all students will be in program 5 days a week, receiving in-person instruction, at the same time. Key considerations when implementing this model:

- Screening of both students and staff must occur as outlined in the Health and Safety section of this document;
- Daily log of classroom staff will be kept for each classroom
- PPE must be utilized as outlined in the Health and Safety section of this document;



- Social distancing must be maintained as outlined in the Health and Safety section of this document;
- Student cohorts will be maintained together, where teachers/adults move from class to class and students remain in the same location throughout the day;
- Limited visitors/guests in the instructional environment while students are present;
- Hallways will need to have a flow pattern that allows social distancing to be maintained;
- Staggered arrival and departure times should be considered in order to limit the number of students arriving/leaving at the same time.

## **VIRTUAL SCHEDULING MODEL**

In this model, all students will access all programming remotely, utilizing a variety of virtual mediums, including, but not limited to: BLOOMZ application, Zoom video-conferencing, Facebook and/or postal delivered packet instruction.

Key considerations when implementing this model:

- Program may work with the child's school district to ensure that all students have access to high speed internet and have the requisite equipment needed to engage in virtual instruction;
- A schedule of live, virtual instruction and/or parental support will be established with a goal of achieving at minimum of one contact per day per student/family, based on student/family preference;
- Instructional activities will be congruent with the goals established through the CPSE process and found in each student's IEP based on current SED guidance;
- Any/all instructions for intended activities will be written in such a manner that each parent will be able to understand the expected outcome, how to best engage their child, and what to do in the event that they get stuck or cannot complete the activity
- On-going communication with the parent/guardian to assess progress and necessary modifications/accommodations need to be made in order to better facilitate student learning;
- Students will participate in tele-health remotely to receive IEP indicated therapeutic services in a manner per family preference;
- HCA will limit the number of personnel physically working in program, maximizing staff working remotely, so as to follow the social distancing guidelines

## HYBRID SCHEDULING MODEL

In this model, all students will participate program on a rotating (“Group-A”, “Group-B”, “Group-C” and “Group-D”) basis with a goal to reduce on-site attendance to a maximum of 75% of normal student enrollment on any given day.

The hybrid model was chosen relative to SED program approval, space to accommodate social distance learning, staffing, safety and the ability to maximize in-person student learning.

Key considerations when implementing this model:

- Students will be grouped into one of four groupings “A”, “B”, “C” or “D”.
- Group “A” students will attend program in person on Monday and Tuesdays with Wednesday – Friday education being provided via remote/virtual instruction.
- Group “B” students will attend program in person on Thursday and Fridays with Monday-Wednesday education being provided via remote/virtual instruction.
- Group “C” students will attend program in person on Monday, Tuesday, Thursday and Friday with Wednesday being provided via remote/virtual instruction.
- Group “D” students will attend Monday, Tuesday, Thursday and Friday for three hours in person and receive two hours of remote instruction daily. Wednesdays will be all remote instruction.
- Para-professional staff will utilize Wednesday as a day where deep cleaning of each site can occur. Education, clinical and therapeutic staff will utilize Wednesday to conduct remote/virtual instruction/programming/therapy for all students.
- Screening of both students and staff must occur as outlined in the Health and Safety section of this document;
- PPE must be utilized as outlined in the Health and Safety section of this document;
- Social distancing must be maintained as outlined in the Health and Safety section of this document;
- Student cohorts will be maintained together, where teachers/adults move from class to class and students remain in the same location throughout the day;
- Limited visitor/guest in the instructional environment while students are present; as requested
- Hallways will need to have a flow pattern that allows social distancing to be maintained;
- Program may work with the child’s school district to ensure that all students have access to high speed internet and have the requisite equipment needed to engage in virtual instruction;

- A schedule of live, virtual instruction and/or parental support will be established with a goal of achieving at minimum of one contact per day per student/family, based on student/family preference;
- Instructional activities will be congruent with the goals established through the CPSE process and found in each student's IEP
- Any/all instructions for intended activities will be written in the such a manner that each parent should be able to understand what the expected outcome is, how to best engage their child, and what to do in the event that they get stuck or cannot complete the activity
- On-going communication with the parent/guardian to assess progress and what modifications/accommodations need to be made in order to better facilitate student learning;
- Students will participate in tele-health remotely to receive IEP indicated therapeutic services in a manner per family preference
- Parents will have the option of choosing education and clinical services as in-person/virtual or all virtual

If a child or classroom is on quarantine and a student misses or will miss 5 or more school days then the parents will have the option for teletherapies and/or virtual education services for the time in quarantine

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## ATTENDANCE & CHRONIC ABSENTEEISM

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Student participation and attendance will be tracked regardless of the education setting. The move to a virtual/remote learning environment, or, a hybrid model requires a multi-faceted approach to successfully monitor attendance and student engagement. In the event of a move to a virtual/remote learning environment, or a hybrid model, students and their families will be supported with access to virtual instructional content at any time. In person attendance will be tracked in the CMS software system and reported to the Counties as applicable to each program. The engagement data collected for the virtual/hybrid model will also ensure that students are provided with ample opportunity to continue to make progress toward their academic and therapeutic goals.

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## **ATTENDANCE CONSIDERATIONS & FLEXIBILITY**

Virtual/remote attendance and participation options will eliminate the typical constraints of the school day to better accommodate the needs of families. Opportunities for student engagement will be accessible at any time through the private Facebook page and the BLOOMZ application, and printed materials mailed to the home where applicable. This allows flexibility for parents and students to complete their work as their schedules allow.

## **ATTENDANCE TRACKING**

HCA will continue to utilize the CMS software system to track and monitor attendance records throughout the education department, regardless of programming model. Teachers, or designees will enter classroom attendance records in multiple ways as detailed in the following sections. Therapists will also use this technology to record attendance in IEP mandated therapeutic services.

## **ATTENDANCE FOR REPORTING PURPOSES & REQUIREMENTS**

### *CLASSROOM ATTENDANCE*

The classroom teacher, or other designated classroom staff member, will record present/absent records as applicable to each child enrolled in the in person program. This will reflect the physical presence of students in the classroom on the appropriate scheduled days.

### *VIRTUAL SCHOOL OUTREACH*

In addition to in person classroom attendance, the teacher or other designated classroom staff member, will track student outreach measures. In the CMS system educators to note the types of correspondence for each student. The communication categories will include items such as:

- Zoom (or other video conferencing)
- Phone Call
- Voicemail
- BLOOMZ application
- Paper Packet Mailed
- Text Message
- Email
- Facebook view
- Unable to Contact

This information will be monitored and will help inform discussions amongst the educational/clinical team regarding student/family engagement, attendance, communication and outreach.

## **CHRONIC ABSENTEEISM/ EDUCATIONAL NEGLECT**

In the event of virtual/remote programming, and/or a hybrid model, the teacher or designated staff member will be responsible for contacting students on a daily basis via phone call, text message, email or other means of communication.

To support those students with extended periods of absences, or those that have failed to maintain contact with the education entity, the following protocol is to be followed:

### *IF CONTACT SUCCESSFUL*

- If a student is absent, or fails to engage with educational materials for three consecutive days. The 3-day absence form will be completed and a copy given to the Office Manager, Education Director, Billing Coordinator and the local health department. The teacher will continue to attempt to contact the parent/guardian. The school district will be notified of continued chronic absences.
- Reasons for the absence will be reported to the Education Director and the school Nurse to ensure that any necessary documentation or family support takes place.
- The educational/clinical team will continue to provide learning opportunities through virtual instruction, packets mailed to the home, or a combination of the two. The team will maintain contact with the student and family to continue to work toward curricular goals.

**A known, or excused absence will not be penalized as chronic absenteeism.**

### *UNKNOWN ABSENCE/ FAILED COMMUNICATION ATTEMPTS*

- If a student is absent for three consecutive days or longer or a total of five or more absences in a month, and the teacher or designee has been unsuccessful in reaching the family after five days, additional processes for outreach may be necessary.
- The teacher will notify both the Education Director, as well as the school Nurse.
- The school Nurse will attempt to contact the family in the following days using multiple platforms as needed.
- If the family is still unresponsive, the school Nurse will report this information to the Education Director. The Education Director will notify the home school district of any concerns.
- During this time, educational content and curricular goals should still be made readily available through virtual instruction, packets mailed to the home, or a combination of the two.

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# TECHNOLOGY AND CONNECTIVITY

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The need for technology supports and solutions have never been more apparent. The educational/clinical team will put multiple resources in place to support technology usage in the home and classroom. It is imperative to work toward closing the digital divide by providing computing devices to students if needed. Students and families will be supported with direct communications, as well as pre-recorded video resources to ensure student engagement and academic achievement. Resources defined here will be flexible based on parent/guardian and student need.

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## **ACCESS TO TECHNOLOGY**

To help close the digital divide, students and staff will be provided multiple layers of technological support as resources allow.

## **REOPENING REQUIREMENTS: TECHNOLOGY**

### *STUDENT AND FAMILY SUPPORT*

As students are enrolled in HCA education programs for the 2020-21 school year, designated staff members will ask parents and/or legal guardians about student access to technology devices and internet access via survey. This survey can be conducted via phone call, text, email or other means of communication. If it is determined that the student is in need of a dedicated device to use for virtual learning the following process will take place:

- The designated staff member will collect the student's name, parent or guardian's name, phone number, and address.
- The contact information will be sent to the home school district noting the technology needs.

### *DECLINED TECHNOLOGY USAGE/ BARRIERS*

In the event that parents/guardians decline the use of technological equipment, or if internet connectivity is not provided in the area, the staff member surveying the families will report such

to the Education Director. In this scenario, teachers, therapists and other education team members would create low-tech or no-tech solutions for delivering course instruction and curricular materials such as mailed packets, until further technological needs can be met as resources allow.

## *TECHNOLOGY IN THE CLASSROOM*

Technology solutions are available in the classrooms and include but are not limited to:

- Interactive smart boards
- iPads

Education staff members guide and facilitate technology usage within each classroom. Having this technology readily available provides opportunities for students to practice and develop technical skills while participating in an in-person program model. Furthermore, in a hybrid program model, staff will utilize available technology within the classroom to allow students receiving in-person instruction the ability to communicate with their peers that are participating in activities remotely from their homes.

## *TEACHERS AND EDUCATION STAFF*

Teachers, therapists, counselors, and any other faculty that need to provide direct services to students remotely or, otherwise will report to their direct supervisor if they do not have access to a computing device/ and or internet connection. Supervisors and/or the staff member will report technology needs to HCA's IT support staff. HCA will utilize and arrange available technology resources as necessary to accommodate the staff member.

## *REFLECTION*

Members of the educational/clinical team will analyze the current technology practices, and virtual learning protocols in place to determine efficacy. Changes will be made as necessary to best support students and their families, as technological advances occur.

## **TECHNOLOGICAL CONSIDERATIONS**

### *PROFESSIONAL DEVELOPMENT*

Several live video trainings will be made available to support staff members as they create content for the distance learning. These trainings will also allow time for specific, real time questions about the tools being utilized.

### *TECHNOLOGY SUPPORT*

Tech support will be provided in the following ways:

- Educational/clinical staff members will be trained on accessing BLOOMZ application, Zoom and Facebook from the student perspective. These staff are often the first lines of communication the parent may have with the school and therefore may be able to assist with basic troubleshooting skills such as providing username and password information.

### *FLEXIBILITY*

The educational/clinical team will provide students and families ample opportunity to access the instructional content either virtually, through printed packets mailed or sent home with students if they are attending on site, or a combination of the two. Student lessons, classroom posts and assignments may be accepted/accessed on a rolling basis to fit family needs. For those parents that may not have availability during the typical school day, teacher and staff can provide pre-recorded instructional videos to be accessed at any time.

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## TEACHING AND LEARNING

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A combination of in-person, remote, and hybrid instructional models will be developed to support student learning, skill attainment, and goal achievement. Local stakeholders will be consulted to determine which approach best meets student learning needs throughout the 2020-2021 school year as part of individualized Continuity of Learning Plans. Students will be provided with instruction through remote opportunities and in-person instruction by a qualified teacher. Virtual Classrooms will be utilized for remote instruction. Students will be provided with daily teacher contact through activities and live instruction which align to the NYS Preschool Learning Standards and the student's individual IEP goals. Materials will be sent home for students to support and supplement virtual instruction. Additionally, instruction activities will be differentiated based on student needs and interest. Students will have access to necessary accommodations, modifications, supplementary aids, and technology.

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### **PARENT/GUARDIAN COMMUNICATION**

Parent/guardian involvement is a topic of priority. All parents will be provided with teacher and therapists contact information. Parents will have access to teacher's and therapist's phone



numbers, email addresses, and BLOOMZ application. Teachers will be readily available to communicate about student progress and to answer any questions.

## **COHORTS CONSIDERATION**

Students will be divided into a classroom cohort to limit potential exposure to the COVID-19 virus. Students will be self-contained in designated classrooms. There will be limited intermingling between cohorts. Teachers and paraprofessionals will remain static in classrooms.

## **PROFESSIONAL DEVELOPMENT**

Professional Development will be provided to staff on reopening procedures and protocols prior to school resuming. The first day of school will be used as a professional development day for all staff. The procedures outlined in this document will be reviewed with educational/clinical staff and time will be allotted for teachers and therapists to meet to discuss best practices with delivering instruction in-person and through distance learning modalities. Staff will review IEPs and individual considerations will be discussed to develop an individualized instructional plan to best meet student needs in the various learning conditions. Support will also be offered to parents on instructional practices and utilizing technology at home for instruction. Ongoing professional development will occur on functional skill development, language acquisition, and best practices with virtual learning.

## **PRE-KINDERGARTEN CONSIDERATIONS**

- Prepackaged and/or prepared individual snacks will be provided
- Centers with multiple students will be avoided
- DOH sanitation guidelines will be followed after children have been at a center
- Students will be provided with individual materials
- Practices requiring physical contact will be avoided
- Screen time will be limited during in-person instruction
- Outside agency providers will be screened at the door and are to follow protocols outlined in this document when servicing students in our facility
- No unnecessary visitors will be permitted

## **GRADING**

All HCA Building Blocks Preschool students will be provided with a triannual progress report based on the New York State prekindergarten learning standards. In addition, parents of students with IEPs will be provided with quarterly progress reports. These reports will provide

parents with progress based on established IEP goals. Parent conferences will be provided biannually.

## **ASSESSMENT**

Formative assessments will be used to monitor student progress. IEP goals will be used as the measure to monitor student growth and progress. Ideally, data will be collected on goals when students are participating in the in-person program model. During remote learning, staff will work with parents to monitor goals and growth.

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# SPECIAL EDUCATION

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HCA operates special education programs; as such, we will work with the local DOH and partner school districts to provide special education services to students enrolled in our programs. As outlined in this plan, it is critical that there be meaningful parental engagement to ensure the understanding of how our programs will be provided to their child. Collaboration and communication between each school district's Committee on Preschool Special Education Committee on Special Education (CPSE) and HCA will be critical in the year ahead to ensure the needs of each student are being met.

As described in this document, students that receive programming at HCA make every effort to provide the necessary instructional and technological supports to meet the unique needs of our student population. HCA will operate in partnership with the student's home school districts for technology needs required by families that may be above and beyond what our program is able to provide. HCA will also provide the proper documentation of programs, services and communications utilizing resources currently available and provide such documentation to parents and school districts as appropriate. HCA will utilize in-person, virtual/remote learning and a hybrid model to ensure best practice for the implementation of a student's IEP. Whenever necessary, contingency plans will be developed by the CPSE to address remote learning needs in the event of intermittent or extended issues due to COVID-19.