



Re-Opening Plan

September 2020

Introduction and Guiding Principles

Princeton Child Development Institute (“PCDI”) is committed to providing a safe and healthy environment for our students and staff members. Although it is impossible to eliminate all risk, we have developed these policies and protocols after extensive review of the recommendations from the Centers for Disease Control (“CDC”), American Academy of Pediatrics (“AAP”), and *The Road Back*, developed by New Jersey Department of Education (“DOE”). Dr. Shawn Pierson from Princeton Nassau Pediatrics volunteered his valuable time to review these policies and procedures and graciously offered ongoing collaboration with PCDI. It is imperative that all staff, students, parents, and visitors follow these protocols. We appreciate the efforts of all who share responsibility in maintaining a safe and healthy environment.

PCDI is a state-approved private school for students with disabilities (APSSD) with a small student population. PCDI provides intensive, individualized intervention using applied behavior analysis. Much detailed planning has occurred to develop protocols and procedures and to execute them. This plan has been developed to meet the unique needs of our learners while ensuring a safe and healthy environment. There are currently 30 students with autism attending PCDI between the ages of 3 and 21. Therefore, limiting the number of students in the building and in each classroom is manageable based on a hybrid schedule in which only half of the students will attend school at a time. The hybrid schedule that is outlined in this document permits half of our students to attend school in person each week, alternating weeks. When students are not receiving in-person instruction, remote instruction will be provided. With this model, no more than 16 students will be in the building each day. Deep cleaning will occur on the weekend to ensure proper sanitization between the groups. Families may opt for their children to receive 100% virtual instruction due to COVID-19 concerns.

This model takes advantage of the COVID-19 latency period, the 3-day (average) time it takes from becoming infected with COVID-19 and being able to spread the virus. In the event an employee or student becomes infected during the days at work/school in the building, they will be home when shedding the virus. For this model to work, staff and students must remain home when they are displaying symptoms of COVID-19. These symptoms are outlined in this document and included in a daily screening questionnaire. Staff and students will not be permitted to enter the building without a completed questionnaire indicating that they are cleared to enter. Policies related to staff and student attendance are attached to this document as a link.

Given the uncertainty, and changing guidelines, PCDI will likely need to update these protocols on a regular basis. If and when changes occur, we will communicate them to all parties.

Conditions for Learning—

Health and Safety—

Critical Area of Operation #1 – General Health and Safety Guidelines

The Principal will remain in regular communication with the Lawrence Township Health Officer. This communication will include providing details of PCDI's re-opening plan, on-going status updates upon re-opening, and information about cases and close contacts that occur within the Institute. The health officer provides information to PCDI regarding current NJDOH guidelines, guidelines for nurses, and contact tracing.

Staff and students are required to adhere to behaviors and protocols that reduce the spread of COVID-19. Hand hygiene and respiratory etiquette is required for all staff and students. Increased teaching of these behaviors will be provided to our students. Face coverings as described in Critical Area of Operation #5 are required for all staff. All students over the age of 2 will participate in teaching to wearing a face covering unless there is a medical reason indicating that wearing a face covering may negatively impact their health. Physician documentation is required. Signs and messages are posted throughout the building reinforcing these protocols. If a student or staff member is not feeling well, they are encouraged to stay home. The daily screening questionnaire described in Critical Area of Operation #5 provides specific information about when a student or staff member should stay home.

If a staff member or student is immunocompromised, a doctor should be informed of their return to work/school and provide written recommendations regarding any necessary accommodations. Immunocompromised individuals may include: individuals over the age of 65 and/or those with chronic lung disease or asthma, serious heart conditions, severe obesity, diabetes, chronic kidney disease, liver disease, medically fragile students, and students with complex disabilities with Individualized Education Programs (IEPs). We will do our best to honor any reasonable accommodation requested by an employee. Because we serve students with autism who have IEPs, accommodations and modifications regarding health and safety will be provided if indicated in their IEPs. If a staff member is at higher risk for severe illness and his/her job responsibilities can be accomplished from home, telework will be an option. Because of the level of intervention needed for our students, this is not possible for all positions.

For students with asthma, treatments using inhalers with spacers are preferred over nebulizer treatments. For students who require the use of a nebulizer, this will no longer be administered at school. A parent or caregiver will be contacted if a student

requires the use of a nebulizer so that they can pick up the child and administer this from home. A nebulizer will only be used at school in the event of a life-threatening emergency.

Critical Area of Operation #2 – Classrooms, Testing, and Therapy Rooms

The following procedures are in place to allow staff and students to maintain physical distancing throughout the school day. Whenever possible, staff and students should remain six (6) feet apart. If this is not possible, staff and students should strive to remain three (3) feet apart with the use of personal protective equipment (PPE). If physical distancing cannot be maintained, additional modifications, such as increased PPE, and physical barriers will be used.

Cohorting. To the extent possible, students and staff will only interact with other individuals within their assigned module. An exception may be to provide coverage due to a staff absence. The number of transitions between staff will be minimized to reduce the number of students and staff that come in close contact with one another throughout the day.

Pertaining to Students. Classroom layouts will be modified to ensure appropriate social distancing (i.e., desks will be at least 6 feet apart) and to adjust traffic patterns, so students are not passing each other more than is necessary. Desks will face in the same or opposite directions if physical distancing cannot be adhered to, or during group instruction. Desks will not face each other.

We understand that many of our students require consistent use of manual prompts to acquire new skills and thus, staff cannot maintain physical distancing. If a learner does not require this level of prompting to acquire new skills (e.g., consistently responds to verbal instructions, displays high levels of engagement, etc.), staff are encouraged to maintain social distancing (six (6) feet).

Outside of direct intervention, staff will continue to work remotely. Staff who can complete their work responsibilities from home, will continue to work remotely to the extent possible. All meetings will continue to occur virtually.

Physical distancing requirements will alter the way in which hands-on training is provided. Modeling is a highly effective training tool, and as such, it is common for trainers to model teaching strategies with staff. When doing so, trainers should first wash their hands, or use hand sanitizer, alert the staff member that they will be stepping in to provide the staff member with an opportunity to step back, and maintain a 3-foot distance from the staff member whenever possible. Communication among staff and/or trainers is critical in providing learners with consistent intervention. Staff are encouraged to use alternative modes of communication, such as written notes, electronic messaging, or training via live video stream. When this is not possible, and staff must interact with one another during the day, these interactions should be brief, lasting no more than 10

minutes at a time, and should occur while maintaining physical distancing requirements, and with proper use of PPE.

If a trainer, director, or alternate staff member is stepping in to assist during a crisis, physical distancing should be adhered to if possible. In some instances, it may not be feasible to maintain social distancing when implementing a crisis management technique or otherwise implementing a behavior management strategy. If this is the case, staff should wash their hands, and sanitize the area, as soon as possible.

To the extent possible, observations by PCIDI staff will be held virtually. When observations do occur in the classroom (e.g., a scheduled training, for BCBA supervision, or during a pre-evaluation, or evaluation), the observer will adhere to physical distancing requirements.

Shared Materials: Staff. Staff are encouraged to minimize shared use of materials, such as by using their own pens/pencils throughout the day. When items must be shared (e.g., the copy machine, printer), staff must disinfect between use. To the extent possible, staff should use phones on speaker mode, rather than using the headset. After use, phones should be disinfected with alcohol wipes. Walkie talkies should be assigned to staff members and should not be shared among staff.

Shared Materials: Students. The use of shared materials will be minimized to the extent possible. Students will have access to individual school supplies (e.g., pencil, scissors, crayons, books) in place of sharing these materials. In particular, items that come into contact with students' faces or mouths will not be shared (e.g., headphones). This may result in restrictions related to the availability of reward choices for portions of the day. Items that continue to be shared (e.g., computers) will be disinfected between use. Students will not be permitted to hand items to one another. Reward choices and activities that result in increased risk of transmission (e.g., blowing bubbles, playing with walkie talkies) will no longer be permitted. Students will not be permitted to use the grand piano, as the necessary frequency of disinfecting may result in damage. All items sent in from home *must* be labeled with the student's name.

Visitors. At this time, we are limiting visitors in the building. Visitors are only permitted if they are completing repairs in the building or if an in-person meeting is required. If it is necessary for someone other than a staff member or student to enter the building (e.g., repairmen, DOE personnel), they must complete a screening questionnaire, which includes a temperature check, and wear a face covering, and must wash hands upon entering the building. If a visitor refuses to wear a face covering for non-medical reasons, entry to the school facility will be denied. When a visitor is permitted on-site, physical distancing requirements will be adhered to.

Air Circulation/Ventilation. PCIDI is adhering to all requirements pertaining to air circulation. The current recommendation is that a minimum of 10% of air circulated through the HVAC system should be brought in from the outside. Our current HVAC system exceeds that minimum. UV filters have been installed on each of our air handlers

in order to minimize the likelihood of microorganisms coming through the system. Air filters are replaced and/or cleaned on a monthly basis. Our HVAC units have the fan function set to run continually when the building is occupied.

Windows may be left open in classrooms and hallways, except in areas accessed by students or staff with related allergies, or if the weather does not permit this.

Water Supply. During the closure, the water systems were flushed regularly to prevent Legionella growth.

Handwashing. Handwashing for staff and students is required at regular intervals including upon entering the building (initially, or at any point during the day), before and after eating, before and after entering a common area (e.g., gym, lunchroom), after using the bathroom, after blowing nose, coughing, or sneezing, before and after putting on or removing face protection, and when transitioning between students/instructors. If it is not feasible to wash hands, the use of hand sanitizer (minimum of 60% alcohol) is permitted. Hand sanitizer will be available in each classroom, at the entrance and exits of the building, in each common area, and outside each bathroom.

Toileting/Showering. If a student has a toileting accident the staff member will page for an additional staff member to assist with clean up and disinfection. The staff member must wear gloves while assisting the child in removing his/her clothing. The clothing must be immediately washed at PCDI and will be sent home after washing. The area will be cleaned and then disinfected with an EPA approved disinfectant. If necessary, the staff will assist the student in showering. The staff member will also thoroughly wash his/her hands and change into a new outfit if his/her clothing is soiled.

Critical Area of Operation #3: Transportation

PCDI does not provide transportation for students. Transportation is provided by the sending school districts or by parents. For students who take the bus to/from school, parents are encouraged to obtain information about changes to transportation to reduce the spread of COVID-19. PCDI will contact transportation companies and/or school districts to inquire about bus company policies to ensure that PCDI staff adhere to these policies when assisting students in exiting and entering the bus each day.

All other individuals in the vehicles must be wearing masks when staff take children out of vehicles. Parents should remain in their vehicles during drop off and pick up.

A staff member will observe vehicles entering the traffic circle and will page staff on the intercom system to alert them that a student is entering the lineup. Staff will wait in classrooms, rather than congregate at the entrance during student arrivals. Each student will be met by his/her instructor at the vehicle. Staff will ensure that the daily screening questionnaire has been completed and that the student is cleared to enter the building

before assisting the student out of the vehicle. Upon entering the building, the staff member will escort the student to the bathroom assigned to his/her module so both can wash their hands.

This process will take longer than drop off/pick up has in the past. For parents who transport their children to school, pick up/drop off is not the time to relay information to staff. It is preferable that you call the school en route if you have critical information that must be shared. Staff will be asked to do the same to minimize face to face interactions, and to expedite pick up and drop off. Staff are available for phone calls and emails throughout the day, when not providing direct instruction to students.

Critical Area of Operation #4: Student Flow, Entry, Exit, and Common Areas

Student Flow. Modifications will be made to the environment to promote physical distancing. Visual prompts will also be used throughout the building to remind staff and students to adhere to these protocols. This includes visual markers that indicate a 6' distance, and the use of signs to remind staff of symptoms of COVID-19.

Hallways. The hallways throughout the building are approximately 8' wide. Physical distancing must remain in effect while walking through the hallways, with the exception of staff being in closer proximity to students who require this level of supervision and/or prompting. When possible, if others are in the hallway, staff and students should wait until they pass before entering the hallway. Students who typically navigate through the building independently will require increased supervision to ensure that physical distancing is adhered to. Toys and other instructional activities should be removed from the hallways to the extent possible.

The Module A and Module B1 hallway will be converted to a one-way hallway. Markings will be added to the floor to serve as a visual prompt for staff and students. The fire doors between Modules D and C2 will remain closed to create an additional separation.

Entry/Exit. Only one student and staff member should enter or exit the building at a time. If others are entering/exiting, staff and students should wait until they have fully entered or exited before doing so themselves.

Common Areas. *Staff Rooms.* Staff members will be assigned desks to ensure adequate spacing for staff members who will be working on-site at the same time. Additional tables will be removed to minimize shared spaces. Sanitization supplies will be available. Staff are required to sanitize desks and chairs and all other equipment (e.g., typewriter, scanner, keyboard, mouse) after use.

Bathrooms. Staff and students must wait 6' from the doorway if waiting to use the bathroom and must sanitize hands prior to entering the bathroom and wash hands prior to leaving the bathroom. A no-touch timer will be placed at each sink to serve as a visual for

staff and students to wash their hands for a minimum of 20 seconds. Trash cans will be kept near doors so that staff and students can use a paper towel to turn off the faucet and light and to open the door prior to leaving the bathroom. Lids will be installed on all toilets to minimize the risk of spread while flushing. Staff and students should ensure the toilet lid is closed prior to flushing and sanitize after using the bathroom.

Copy Room/Supply Closets. Staff should use wireless printing capability from their laptops when possible, rather than rely on the use of the desktop computer or copy machine. Staff should limit their use of the copy machine throughout the day, and to the extent possible, use this only during their scheduled on-site work time. Prior to and after the using copy machine staff should wash their hands. After use, an alcohol wipe should be used to sanitize buttons on the machine. Only one person is permitted in each supply closet/copy room at a time.

Critical Area of Operation #5: Screening, PPE, and Response to Students and Staff Presenting Symptoms

Screening. PCDI will conduct daily screenings of all staff and students scheduled to be in the building, and PCDI will document the results of those screenings. Daily screenings must be completed prior to entering the building each morning.

Parents will be required to submit a daily screening checklist each morning, including a temperature check. If a parent does not complete this questionnaire, the student's temperature will be taken upon arrival at PCDI, and PCDI staff will call a parent to obtain the necessary information regarding the screening. Additionally, student temperatures will be taken approximately 30 minutes following arrival to PCDI. Parents should not send their child to school with a temperature of 100.4 or greater, or if any symptoms on the screening checklist are marked "yes". Parents should also alert PCDI *immediately* if the student or a household member begins experiencing symptoms. All staff members entering PCDI will complete a screening questionnaire, and temperature check.

Below are the items set forth in the daily checklist:

Is this form being completed by a staff member or for a student?

Record current temperature.

Has fever reducing medication been administered in the past 72 hours?

Have you or anyone in your household had any of the following symptoms in the last 14 days: sore throat, muscle aches for unknown reasons, loss of taste/smell, chills, fever at or greater than 100.4, cough, shortness of breath, fatigue, headache for unknown reasons, congestion, runny nose, nausea, vomiting, diarrhea, poor appetite/feeding, rash, fatigue or mental "fuzziness", changes in skin color, conjunctivitis?

Have you or anyone in your household been tested due to a suspected case of COVID-19?

Have you traveled outside of the country or to an area in which a travel restriction is in place?

If a student or staff member answers yes to any questions on the screening questionnaire, they are directed to contact PCDI to determine next steps (e.g., staying home, contacting their physician, testing).

Staff will also conduct visual screenings of students throughout the course of the day to identify the presence of these symptoms.

Students and Staff Presenting Symptoms. In the event that a student has a fever, or experiences relevant symptoms, the school nurse will be notified. The school nurse will be provided with additional PPE (i.e., disposable gown, N-95 mask) to serve as an additional measure of protection if she is examining a student. The school nurse will document symptoms in the student's medical chart. The student will be taken to the isolation area, *not* the nurse's office. Students who will tolerate the use of a face mask will be required to wear one if symptoms are observed. The nurse's office will continue to be used for the purpose of administering medication and is *not* to be used for sick students. When a student is in the isolation area waiting to be picked up, supervision will be provided by the staff member with whom he/she had been working. If possible, that staff member will remain 6 feet away from the student displaying symptoms. If the staff member must remain closer to the student to provide the necessary supervision, an N-95 mask will be provided.

Students who are experiencing symptoms **must** be picked up from school as soon as possible. We understand that for some families this may pose a problem due to work schedules, or their distance from PCDI. We will ask that parents provide three emergency contacts who can be available to pick up their child in the event that they are unavailable.

Staff who are experiencing symptoms **must** leave the building immediately. In the event that their symptoms prevent safe driving (e.g., dizziness, confusion), an emergency contact will be called to pick them up.

To assist in contact tracing, logs will be kept for each individual student indicating staff members with whom they worked each day. Logs will also include students with whom they have had contact in any common areas or during a group activity. Please see personnel policies attached to the end of this plan for readmittance policies.

PPE. Pertaining to Staff. All staff members are required to wear a face mask when entering and exiting the building, transitioning through the building, providing instruction, or otherwise interacting with students, or when within 6 feet of others. A cloth or medical mask is permitted. Masks must cover face and nose. The use of a face shield or goggles is *required* for staff who are regularly working within 3 feet of students,

or who are working with students who have not yet learned to consistently wear a mask. The use of a face shield is *optional* for staff working with students who are wearing masks, and do not require an instructor to remain within 3 feet to acquire new skills. Staff may opt to wear safety goggles in place of a face shield.

If wearing a face mask is not feasible due to a pre-existing medical issue, a doctor's note is required. Staff members who are working alone in an enclosed space (e.g., their own office) are permitted to remove their mask if they are seated at least six feet from the doorway.

PCDI will provide face shields and a cloth face mask. Staff members who prefer the use of safety goggles will be required to purchase their own goggles. Disposable face masks will be available if needed. Staff are responsible for laundering cloth face masks and washing their face shields and/or goggles at the end of each day with soap and water, and during transitions between students.

Staff members will not be permitted to eat or drink while working with students as this requires the removal of PPE. Staff are permitted to remove their face coverings to eat or drink, provided they are not working with students, are 6 feet away from others, have performed the necessary hand hygiene, and replace the mask when they are done. Breaks will be scheduled throughout the day to permit staff to remove their face covering, wash their hands, obtain a drink of water, use the bathroom, etc. Breaks will be staggered in a manner that limits overlap among staff during these times. In order to provide time within the day for additional breaks, and to prevent staff from eating with one another, staff lunches will be shortened to 30 minutes. When masks are not in use, they must be appropriately stored (e.g., in a paper bag).

When a staff member is working with a student who requires high levels of physical contact, or who exhibits behavior that increases the risk of being exposed to saliva or bodily fluids (e.g., high levels of tantrum behavior, spitting, biting), s/he will be required to wear eye protection (e.g., a face shield, goggles), and additional PPE to cover his/her clothing (e.g., medical gown, scrubs). Additionally, if a staff member is stepping in to assist with a behavior-decrease procedure, or to implement a crisis management technique, gloves and a clothing cover should be worn, unless delaying the implementation of this procedure would jeopardize the safety of the student. At the end of a session, this will be placed in a laundry receptacle, and will be washed at PCDI at the end of the day to ensure adequate cleaning. Staff members will also be asked to keep two changes of clothing available at school in the event that s/he is exposed to saliva or bodily fluids (e.g., a student has a toileting accident) that requires the staff member to change.

Gloves will be available in each classroom, and in all student common areas (e.g., bathroom, kitchen) and should be worn in the event that a staff member is aware that s/he may be exposed to saliva or bodily fluids. Disposable PPE (i.e., disposable face masks, gloves), must be placed in the proper receptacle. Receptacles marked for PPE are located in each classroom.

Pertaining to Students. All students will be taught to wear a face covering to the extent possible, unless the individual is under the age of 2, or has documentation from a doctor indicating that the use of a mask will inhibit his/her health. We understand that for many students, wearing a face covering will initially occur for brief periods of time. When possible, students will also be taught to apply and remove face coverings and to appropriately store face coverings.

For students who are learning to, or have already learned to wear a face covering for an extended period of time, this will be required during transitions throughout the building and classroom, group activities, and instructional activities that require staff and/or peers to be within 6 feet of the student, to the greatest extent possible. Schedules will be designed to include activities in which students are working independently and maintaining physical distancing to serve as a break from wearing a mask.

Learners who do not yet tolerate wearing a face mask will not be permitted to participate in group activities. Close group activities (e.g., a reading circle) will be entirely avoided. Because face coverings cannot be worn during meals, learners will not be permitted to eat within 6' of one another. Technology (e.g., Zoom or video models) may be used to target mealtime interactions.

Critical Area of Operation #6: Contact Tracing

Staff members who display relevant symptoms must report these symptoms to Christine Fry; *not* to the school nurse. Staff and parents should report symptoms experienced *by a student* to the school nurse. If a staff member is experiencing symptoms, s/he will be asked to leave immediately. Students will be required to be isolated, with appropriate care and supervision, until a parent or caregiver arrives.

Upon a staff member or student displaying symptoms consistent with COVID-19, a summary will be completed to record symptoms observed, individuals that have come into contact with that person, and whether testing is required. Any individuals who were in close contact with that person will be alerted.

PCDI may require testing of staff members if/when a staff member displays symptoms consistent with COVID-19 out of concern the staff member will pose a direct threat to the health of others. Logs will be maintained in classrooms to record staff members who have contact with each individual student during the course of the day to assist with contact tracing. Direct contact is currently defined *being within 6 feet of an infected person for a cumulative total of 15 minutes or more over a 24-hour period starting from 2 days before illness onset (or, for asymptomatic patients, 2 days prior to test specimen collection) until the time the patient is isolated.*

Following a positive diagnosis, PCDI will contact the Department of Health. Additionally, PCDI will alert all staff and families that there has been a positive case within the building. Staff and families of students who have been in direct contact (based on results of contact tracing) will be notified individually. Christine Fry will

communicate this information to close contacts within PCDI (i.e., staff, parents) and will assist the local health department with contact tracing. All individuals who had contact with the diagnosed individual will be required to self-isolate for fourteen (14) days, unless able to procure a negative test prior to then. Ongoing communication will occur with those individuals to determine if they test positive, and if so, additional contact tracing will be done.

PCDI *must* maintain the confidentiality of any individual diagnosed with COVID-19. We ask that parents and staff refrain from inquiring about this information, as we will be unable to provide it. We will, however, alert staff and families if there are concerns regarding transmission to a staff member or student.

Critical Area of Operations #7: Facilities Cleaning Practices

Differences between cleaning, disinfecting, and sanitizing:

Cleaning. Cleaning removes germs, dirt, and impurities from surfaces or objects. Cleaning works by using soap and water to physically remove germs from surfaces. This process does not necessarily kill germs, but by removing them, it lowers their numbers and the risk of spreading infection.

Disinfecting. Disinfecting kills germs on surfaces or objects. Disinfecting work by using chemicals to kill germs on surfaces or objects. This process does not necessarily clean dirty surfaces or remove germs, but by killing germs on a surface after cleaning, it can further lower the risk of spreading infection.

Sanitizing. Sanitizing lowers the number of germs on surfaces or objects to a safe level, as judged by public health standards or requirements. This process works by either cleaning or disinfecting surfaces or objects to lower the risk of spreading infection.

Cleaning/Disinfecting. A deep clean will be conducted by a cleaning crew each weekend, prior to the next group of students entering the building. Our cleaning crew will continue to clean and disinfect on a daily basis. A schedule will be created to ensure that all areas of the building regularly receive a deep cleaning (e.g., walls, furniture). Extra attention will be paid to the disinfecting of technology, light switches, door handles, etc. Disinfecting supplies approved by the EPA will be used and will be ordered on a regular basis to maintain an adequate inventory.

Common areas (e.g., bathrooms, kitchens, playground, gyms) will be disinfected minimally twice per day. Staff will be responsible for disinfecting students' instructional areas and classrooms (e.g., desks, chairs, data clipboard, activity schedules, motivational system, technology, door handles, light switches) during each transition between staff or students, after a student eats lunch, and after a surface becomes soiled (e.g., a child sneezes on the desk).

Each classroom will have an area for cleaning supplies (e.g., sanitization station). Disinfecting solutions will be stored out of reach of students, as directed by the requirements of each individual product, with the exception of when students are learning to safely use these products.

If a student experiences symptoms consistent with COVID-19 while at PCDI, this classroom will be closed off and windows will be opened to increase circulation. All other students will be moved to an alternate room. After 24 hours the area will be thoroughly disinfected, including all frequently touched surfaces (e.g., activity schedules, instructional materials, motivational systems, desks, chairs, technology).

Critical Area of Operation #8: Meals

PCDI does not provide meals for students or staff. All students will eat lunch in their classrooms at least 6 feet apart from all other students. In-person interaction programs will be discontinued, but remote teaching among students may occur. Staff will eat lunch at their desks in the staff room. Staff lunches will be staggered to allow for a minimal number of people in the staff room at the same time. Staff must be 6 feet apart while eating lunch. Students and staff are encouraged to bring lunches that do not require heating to minimize use of shared microwaves. They are also encouraged to bring their own utensils. If possible, staff and students should eat their lunch in the containers that they bring from home. Staff will wash their hands prior to preparing student lunches and are required to wear gloves during the food preparation. Refrigerators, water coolers and the coffee machine will not be available for use.

Any shared items used during lunch (e.g., microwave) will be disinfected after each use. Student and staff desks will be disinfected before and after eating. Students and staff must wash hands before and after eating.

Edible reinforcers will continue to be used when appropriate. Staff are required to wear gloves if handling these items, and should allow students to obtain the food item, rather than placing it in his/her mouth. Each student will have access to his/her own array of snack items; these will not be shared among students. Students must use hand sanitizer after placing a food item in his/her mouth.

Critical Area of Operation #9: Recess/Physical Education

Recess. Students are permitted to play on the playground. Staff are responsible for ensuring that students who are not wearing a mask maintain a 6' distance. The number of students allowed on the playground at one time is limited by the number of students in a module/cohort. Students who will tolerate the use of a mask in this area may play with one another in closer proximity (no less than 3'). Playground equipment will be disinfected by staff between each use.

Physical Education. To the extent possible, all physical education programs will occur outdoors. For many of our younger students, physical education activities are low-impact and primarily target social skills or gross motor skills (e.g., kicking a ball, swinging, playing catch). These activities may continue to occur indoors. If students are engaging in a low-impact, physical education activity together face masks are required. No more than two students are permitted to use the gym at a time. High-impact physical education activities (e.g., weightlifting, running, walking on the treadmill) will not be permitted indoors. A gym schedule will be created to ensure adequate time to disinfect between use.

Students are permitted to use the track for walking, jogging, biking, etc. during physical education or recess. While walking, students must remain 6 feet away from other students. When jogging, biking, riding a scooter, and rollerblading, only one student at a time is permitted on the track.

Locker rooms will not be used. Students are encouraged to wear comfortable, weather-appropriate clothing and safe footwear to school to allow for safe movement.

Critical Area of Operation #10: Field Trips, Extra-curricular Activities and Use of Facilities Outside of School Hours

Community-based programming will not be permitted. Teaching to prerequisite skills and simulation of community settings may occur in the facility. Field trips will not be permitted. The use of the facility for extra-curricular activities outside of school hours is also not permitted.

Group gatherings (e.g., Halloween, graduations) of a limited number will only occur if all requirements in this protocol and local guidelines can be adhered to. Decisions about group gatherings will be made on a case by case basis. If a family would like to celebrate their child's birthday at PCDI, they are welcome to send in goodie bags or individually packaged foods for students or host a virtual event. We know how much families and staff enjoy these celebrations, and holiday events, and will do our best to find creative alternatives that adhere to current requirements.

Academic, Social, and Behavioral Supports—

Social Emotional Learning (SEL) and School Culture and Climate

Educator Well-Being

Each staff member will have a minimum of one 10-minute break and a 30-minute lunch break throughout the day. These breaks allow staff to eat, drink, use the restroom, take a break from wearing their PPE, and provide self-care and wellness.

Through our benefits package, staff members have access to mental health resources if needed. These resources were reviewed with staff at our open enrollment meeting during staff training.

There are multiple opportunities for staff to reflect on issues that may have arisen due to COVID-19. Prior to re-opening in September, a survey will be conducted to allow staff to provide feedback about our re-opening plan. Each module will have weekly module meetings, during which staff have the opportunity to discuss concerns and ask questions they may have. Finally, the directors of the program are available at any time to speak with staff about their concerns.

Trauma-Informed Social and Emotional Learning

Workshop Training. Staff will receive training via workshops, and ongoing training related to all items listed in this document. Particular emphasis will be placed on familiarity with COVID-19 symptoms and screening protocols to permit ongoing assessment of potential symptoms throughout the course of the day, hygiene and disinfecting requirements. Training will also be provided in regard to new routines established in response to COVID-19, professionalism in the COVID-19 era, and communication systems put in place to convey relevant information.

In-classroom Training. On-going, hands-on training will be provided to all staff on strategies to teach students skills including proper hygiene practices, tolerance and wearing of PPE, and, when appropriate, to teach students about COVID-19 and the importance of proper hygiene and the use of PPE.

Opportunities for Feedback. Staff feedback is welcomed via email, phone calls, or during alternate discussions that adhere to guidelines within this document. Directors of the program are happy to schedule times to talk with staff as needed to address their concerns. We understand that this is a rapidly changing situation and new challenges may arise that need to be addressed. Regular surveys will also be sent out to determine staff satisfaction with our hybrid model of instruction as well as to determine any support they may need.

School Culture and Climate

Professionalism. PCDI prides itself on its emphasis on professionalism to ensure that staff and students are treated respectfully, and to ensure that staff serve as advocates for our students. There will be an increased emphasis on this area as we all adjust to these new policies and procedures.

It is the responsibility of each and every staff member to provide feedback to one another related to adherence of these policies and procedures. If a staff member observes violations of these policies and procedures, feedback must be given, and the incident must be reported to a program director.

Many of our students will not understand the sudden emphasis on hygiene and sanitization, and many will never fully understand the importance of these procedures. We recognize that hygiene is a skill that must be taught. Staff should advocate for learners by discussing ways to improve our teaching of these skills and are reminded that we serve as advocates for learners and must work diligently to teach students to meet the hygiene requirements related to COVID-19.

Parents are encouraged to provide feedback in a constructive manner throughout the year. Surveys will be used to seek parent input on an ongoing basis. We will provide communication when policies and procedures are modified.

Utilizing the Strengths of Staff

Staff can support the successful implementation of this plan in a variety of ways.

School Leaders. School leaders will communicate regularly with parents and staff prior to opening as well as after opening. They will make themselves available to answer questions and hear concerns. Meetings through Zoom for families and staff will provide an opportunity for connection. Module leaders/trainers will have weekly remote module meetings which provides another opportunity for staff to connect with each other.

School leaders will plan professional development opportunities for staff. Two days of professional development about the return to in-person will be conducted in July. Two days of professional development will be conducted in September. Topics include basic information about COVID-19, proper hygiene practices, building, classroom, and sanitization protocols, and updated personnel policies. School leaders are regularly available to support staff in implementing protocols and helping them teach students to do so.

School leaders will regularly evaluate the systems put in place to determine their effectiveness and whether adjustments are necessary.

For instructors, communicating positively about the protocols in place with colleagues, parents, and students may contribute to alleviating nervousness about a return to in-person instruction. Because staff have regular contact with parents and students during remote instruction, they are encouraged to identify areas of concerns and areas of support that may be needed.

Multi-Tiered Systems of Support — A Schoolwide Framework for Selecting, Delivering, and Evaluating the Success of Student Supports and Interventions—

Data-Driven Decision Making. While overall, we have been impressed with students' progress during remote instruction, we recognize that the disruption of in-person services has likely had a negative impact in some areas. PCDI uses an applied

behavior analysis approach to instruction; therefore, decisions are data-driven. Review of student data and progress for each individual student is conducted regularly to determine the appropriateness of individualized programs and will be shared with the IEP team via progress reports. For some students there may be a benefit to reintroducing instructional programs in a gradual manner. The clinical team will use this time to assess students' needs and determine plans for the reintroduction of instructional programs. When beneficial to students, the use of technology will continue to be a part of students' instructional programs, both to minimize in-person interactions, and to maintain this skill set if remote instruction resumes.

Wraparound Supports—

Programming at PCDI includes close collaboration with families. Home programming, during which parent training is provided, occurs one time per week for most families. This training will continue to be provided in a remote manner. During home programming, support is provided in regard to family engagement, health care and dental care, and academics. Parent training at PCDI (in-person school visits) may be permitted if necessary, if agreed upon by both parties, and if parents adhere to all protocols and pass the screening questionnaire. All students at PCDI attend an Extended School Year, therefore summer learning is built into the program. The school nurse is available to provide assistance in meeting the health needs of our students. The pediatrician with whom we consult is also available to answer questions. Options for agencies that provide after-school ABA services to students, and resources pertaining to respite care are provided to families as needed.

Food Service and Distribution—

As an APSSD, PCDI does not provide food to students or their families. PCDI does not have a cafeteria. Families send in food with their children each day. If we identify a family for which food security is a challenge, we will work with the sending district to identify ways to address this challenge.

Quality Child Care—

Because PCDI serves students from all over New Jersey, and due to the unique needs of our students, PCDI cannot recommend a specific child-care facility. Rather, parents may contact PCDI administrators to discuss child-care options. Recommendations will be made based upon what might be available within their area of the state. For families who elect to seek child-care support in the home (e.g., a babysitter

or nanny), increased virtual home programming will be available to support those individuals caring for our students.

Leadership and Planning—

Pandemic Response Team—

PCDI has established a Pandemic Response Team and Restart Committee, as mandated by the DOE, to centralize, expediate, and implement COVID-19 related decision-making. This team consists of administrators (Christine Fry, Amanda Freeman, Gregory MacDuff, Joyce MacDuff, Kathy Starcher, Nancy Gallagher), teachers and staff (Melissa Edwards, Jaime MacDuff, Lauren Szejner, Christa Kassalow, Jen Ticehurst), parents of PCDI students, medical professionals (Suzanne Dee, Dr. Shawn Pierson), and legal counsel. PCDI intends to survey parents and staff throughout the course of the year so we give full consideration to the needs of our families. Christine Fry will serve as our COVID point of contact. In the event of Christine's absence, Amanda Freeman will serve as our COVID point of contact.

The Pandemic Response Team will oversee the implementation of the school's reopening plan, including health and safety measure. These protocols will be adjusted and amended as needed, given the changing nature of the current situation. The team will provide necessary communications to all staff, families, school districts, and the board of trustees.

Scheduling—

Hybrid Schedule. In order to effectively maintain physical distancing while resuming in-person instruction, PCDI will be implementing a hybrid of remote instruction and in-person instruction. Students will be separated into two groups. Therefore, approximately half of our students and staff will participate in in-person instruction each week. Any students newly enrolled to PCDI will attend each week in order to begin teaching them foundational skills that may allow them to participate in virtual learning.

All students will remain on remote instruction on September 3 and 4. Students in Group 1 will attend PCDI for in-person instruction for the week of September 7. Students in Group 2 will attend PCDI for in-person instruction for the week of September 14. Groups will continue to alternate in-person instruction and remote instruction in this way. When a group is not participating in in-person instruction, remote instruction will be provided. This provides each group of students with five days onsite, followed by five days of remote instruction. Due to concerns over COVID-19, families may elect to have students continue with distance learning rather than return to in-person instruction. We have provided a form to families to complete designating their choice of distance learning or in-person instruction. Staff may be asked to provide remote instruction on-site to

assist with disinfecting protocols and coverage in modules if necessary. As indicated in the transition section of this plan, parents must make requests to transition to 100% remote instruction or to the hybrid schedule in writing a minimum of one month prior to the requested date of change.

Back up staffing. Due to the unique needs of our students, and the high level of training required for staff, providing coverage during staff absences is a challenge. We anticipate an increase in staff absences this year due to more stringent policies requiring staff to remain home. We have added an additional staff member in the program for this school year to account for this. Additionally, staff who are assigned to work remotely each week may be called upon to provide coverage. Trainers will also continue to provide coverage in the event that a staff member is absent. If necessary, group instruction or 2:1 instruction will be put in place when staff are absent. This will only be done when physical distancing measures can be adhered to in doing so and/or when students tolerate the use of face coverings. Additionally, we have arranged for alternate staff to serve as substitutes in the event of an extended staff absence.

There may be instances in which this level of back up staffing is not sufficient. Physical distancing requirements may prevent us from providing coverage to students as we have done in the past. In this case, it is possible that a module will be moved to remote instruction until staff are permitted to reenter the program.

Teacher Planning Time. Teachers may continue to work at home aside from when they are scheduled to provide in-person direct instruction. Planning and curriculum preparation may occur from home. Meetings will occur virtually. If a teacher would like to complete work tasks at PCDI, she may request to block off a time period to enter the building. One person per module will be allowed to work in the building at any given time.

Communication. Regular communication occurs with all stakeholders, including parents, staff, and school districts. Communication occurs via email as well as through group meetings held remotely. Christine Fry is the point of contact for school districts. Christine Fry and Amanda Freeman are the points of contact for families and staff members. Feedback loops are in place that allow staff and families to provide feedback via phone, email, or remote surveys.

Attendance. As per N.J.A.C 6A:32-8.3, a school day shall consist of not less than 4 hours per day. To be scored present during in-person instruction, a student must participate in programming for a minimum of 4 hours per day. During remote learning, 4 hours of instruction will include a combination of synchronous and asynchronous activities. To be scored present, students must participate in these activities to the greatest extent practicable. For students whose skill sets do not allow them to participate in remote instruction to this extent, we will work with them and their families to gradually increase the duration of instruction they can tolerate. In these situations, PCDI will communicate with sending school districts about the level of remote programming possible in order to ensure agreement about attendance.

Technology. Surveys have been sent to all families to ensure that they have adequate technology in order to access remote instruction. For families who indicated that they did not have the necessary technology, it will be provided to them. If technology is needed, it is recommended that families contact their sending school districts to determine the feasibility of them providing it to the student. Regular communication occurs to confirm that nothing has changed in regard to their needs.

Professional Development. Professional development opportunities are provided throughout the school year in the form of in-house workshops as well as options for conferences. Staff members are also welcome to participate in on-line professional development opportunities that are related to the field of applied behavior analysis as well as best practices for providing online instruction through educational technology. Through our professional development fund, all staff members may be reimbursed for a specified amount of money used to participate in these professional development opportunities.

Contingency Planning. If, for medical reasons related to COVID-19, a student who had been participating in in-person instruction needs to begin virtual instruction, that change will be accommodated. During the weeks a student is scheduled to participate in in-person instruction, virtual learning is only available if a student is self-isolating or in quarantine due to COVID-19 symptoms that do not interfere with instruction. If a family selects to remain on virtual instruction due to an alternate medical reason, a written request must be made, and physician documentation is required. Requests for remote instruction for any other reason will not be granted unless they follow the procedures outlined in the Transition section of this document.

Module Schedules. Each module will develop a schedule based on the number of students in attendance during in-person instruction. Schedules will include morning breaks and lunch breaks for staff. Schedules will also allow for remote instruction for students who have opted to remain on a 100% virtual schedule. If a student or staff member are not in attendance, modifications will be made accordingly as soon as possible.

Access to Information. In order to allow for easy access to student information, PCDI has moved to a Sharepoint platform to store information. The use of Sharepoint allows staff to access student curriculum, student data, and any necessary information that may be relevant. Because this is a secure, web-based platform, all information is secure and may be edited as needed by those who have permission. Data graphs and summaries are done using Excel, and stored on Sharepoint, to allow staff easy access in order to analyze data as needed.

100% Remote Instruction. Families may opt to have their children participate in 100% remote instruction. Requests to participate in this model in September 2020 must be submitted to Christine Fry and Amanda Freeman by August 10, 2020. Approval of this request will be determined by August 21, 2020. Any questions can be directed to

Christine Fry and Amanda Freeman. In all cases, when this request is made, PCDI will contact the sending school district to determine if an IEP meeting and/or amendment is warranted.

As per N.J.A.C. 6A:32-8.3, students who participate in 100% remote instruction will be offered the same scope of instruction provided to students who participate in the hybrid schedule. Instruction on standards-based goals and objectives identified in students' IEPs will be implemented and supervised by a teacher to the greatest extent practicable. Four hours of instruction will be provided and will include synchronous and asynchronous instruction. The level of synchronous and asynchronous instruction provided will be determined with the collaboration of families and will take into account parent preferences regarding their availability for instruction. To be scored present, students must participate in these activities to the greatest extent practicable. For students whose skill sets do not allow them to participate in remote instruction to this extent, we will work with them and their families to gradually increase the duration of instruction they can tolerate. In these situations, PCDI will communicate with sending school districts about the level of remote programming possible in order to ensure agreement about attendance.

Transition. To transition a student from remote instruction to hybrid instruction, or vice versa, families must provide notice in writing 30 calendar days in advance. A request must be submitted to Christine Fry and must include a rationale for the requested change. Approval of the request will be made within a week of the submitted request. This will allow time for PCDI to contact the sending school district to determine the need for an IEP meeting/amendment to ensure that PCDI staff can provide continuity of services between the two models of instruction. Requests to transition from remote instruction to hybrid instruction or vice versa that are not made at least 30 days in advance will not be granted. For example, if a student is unable to attend in-person instruction due to a doctor's appointment, no remote instruction will be provided, and the student will be marked absent. Expectations to this will be granted after an extended break (e.g., August break, winter break, spring break), in which families will be given the option to participate in 100% virtual instruction for two weeks prior to shifting to the hybrid model of instruction due to concerns related to increased exposure of staff and students during their time off from school.

School Mandated 100% Remote Instruction. PCDI may mandate a return to full remote instruction, based on guidance from the Department of Education, Department of Health, or upon other determinations that prioritize the health and safety of staff and students. During this time, four hours of instruction will be provided and will include synchronous and asynchronous instruction. The level of synchronous and asynchronous instruction provided will be determined with the collaboration of families and will take into account parent preferences regarding their availability for instruction. To be scored present, students must participate in these activities to the greatest extent practicable. For students whose skill sets do not allow them to participate in remote instruction to this extent, we will work with them and their families to gradually increase the duration of instruction they can tolerate. In these situations, PCDI will communicate

with sending school districts about the level of remote programming possible in order to ensure agreement about attendance.

Staff will continue to strengthen remote learning capabilities during remote instruction in the hybrid model. This includes ongoing assessment of teaching procedures and student performance. Technology is incorporated into students' school day during in-person instruction, when appropriate, to further develop the skill set required for remote instruction.

Staffing—

Instructional Staff Roles and Responsibilities:

- Reinforce social distancing with students and colleagues
- Limit group interactions to maintain safety
- Support school building safety logistics
- Become familiar with PCDI's protocols
- Plan instructional activities to meet the needs of students, ensuring versatility of lessons to apply to both settings
- Collect and summarize data on student performance as defined in individualized programs
- Develop predictable routines and structures for students while maintaining student engagement through varied instructional strategies/modalities
- Provide regular feedback to students and families on expectations and progress
- Set clear expectations for remote and in-person students
- Assess student progress early and often and adjust instruction and/or methodology accordingly
- Instruct and maintain good practice in digital citizenship for all students
- Instructional staff with additional capacity or limited time spent with students may assist with school building and safety logistics
- Providing materials, manipulatives and items for at-home activities at no cost to families
- Limiting on-line activities for preschoolers

Mentor Teachers roles and responsibilities:

- Plan for “in-person” contact with the mentee using agreed upon communication methods and schedules that provide confidentiality and sufficient support
- Identify the most immediate issues to address with the mentee considering technology needs and how to provide effective remote instruction
- Continue to maintain logs of mentoring contact

Administrators roles and responsibilities:

- Consider roles for staff with health concerns
- Provide time for staff collaboration and planning
- Prioritize vulnerable student groups for face-to-face instruction
- Work with staff to ensure that teaching and learning are effectively and efficiently developed, planned, and delivered
- Hone collaboration, cooperation, and relationship building skills using alternative methods to remain connected to virtual instruction
- Assess teacher, student, and parent needs regularly
- Ensure students and parents receive necessary supports to ensure access to instruction
- Plan a process to onboard students and reestablish the classroom environment through emphasizing relationships with students and parents and resetting routines
- Create feedback loops with parents and families about students' academic and social emotional health and well-being, through use of remote learning conferences and/or surveys to parents about their student's experience and learning while out of school

Educator Roles Related to School Technology Needs—

Technological support is provided by Kathy Starcher. If necessary, our tech support company, CMIT, will be contacted for support. Michael Fry, our SharePoint Consultant, is available for technical issues that may arise with the use of SharePoint.

Parents and staff have been surveyed to determine their technology needs. In an on-going basis, they are encouraged to report to us any issues they may be having with technology so that we may assist them.

Athletics—

As an Approved Private School for Students with Disabilities, PCDI does not offer athletics to our students. Therefore, this section is not applicable.

Policy and Funding—

PCDI is an Approved Private School for Students with Disabilities (APSSD). Funding is provided by each of our sending districts, who have agreed to placement at PCDI and have signed a mandated tuition contract.

Because PCDI is an APSSD, it is not eligible for the Elementary and Secondary School Emergency Relief Fund. This fund has been established to provide direct money

to school districts and non-public schools located in each district. ESSER funds are not distributed to APSSDs.

Purchasing will remain under our standard purchasing procedures, requiring management approval, and will remain within budget guidelines. For any incremental costs outside those originally budgeted, due to the COVID-19 pandemic, PCDI is considering other funding sources.

Continuity of Learning—

Ensuring the Delivery of Special Education and Related Services to Students with Disabilities—

- During in-person instruction, PCDI staff continue to provide one-to-one and small group instruction based on each student’s goals and objectives. An increased emphasis is placed on teaching skills that promote health and wellbeing, such as cooperating with the use of PPE.
- Three potential models of remote instruction are available to meet the unique needs of our students.
 - For those students who display low levels of interfering behavior, consistently remain engaged during instructional sessions, and respond to verbal instructions and prompts, students will independently access remote instruction using Zoom. Instructors continue to create and design all instructional materials and incorporate the use of online instructional activities when appropriate. Parents and/or alternate caregivers must be available in the event that the student requires support.
 - For those students who display low to moderate levels of interfering behavior, remain engaged during instructional sessions with support, and inconsistently respond to verbal instructions and prompts, students will complete remote instruction with support from a parent or caregiver. Instructional materials are individualized, and presented via Zoom, or alternate online resources. The parent or caregiver must supervise sessions but may fade his/her presence when appropriate. Parents assist in providing prompts and feedback throughout sessions as needed.
 - For students who display interfering behavior, inconsistent engagement during instructional sessions, and require the use of physical prompting to acquire new skills, parents provide instruction while PCDI staff present materials and/or provide parent training via Zoom.
- During both in-person and remote instruction, PCDI will continue to address the needs of our students based upon their Individualized Education Programs (IEPs). Because we are an approved private school with disabilities (APSSD), we will work with sending districts to schedule IEP meetings, re-evaluation planning

meetings, re-eligibility meetings, and any necessary evaluations as determined by the IEP team during re-evaluation planning meetings.

Technology and Connectivity—

- Remote instruction sessions occur via Zoom.
- Meetings occur in Zoom, via phone, or Microsoft Teams. Additionally, staff collaborate via email or in Microsoft Teams.
- Curriculum and graphs are stored in Sharepoint to ensure accessibility across settings.
- Parents submit data sheets digitally and provide consent to instructional programs digitally.
- Surveys are used in an ongoing manner to recruit feedback from staff and families and to ensure access to necessary technology.
- Communication with families occurs regularly via virtual home programming and parent interactions during remote instruction. Additional modes of connectivity include correspondence via email, phone calls, and scheduled meetings.

Curriculum, Instruction, and Assessments—

Each instructional program is defined by an individualized program and includes data collection. During hybrid instruction, programs may be targeted in the school setting via in-person instruction, in the home setting via remote instruction, or in both settings. Determination regarding which setting is used for teaching is made based upon the feasibility of teaching in each setting, the student's performance, and parent input.

Virtual and Hybrid Learning Environment – Curriculum

- During in-person instruction, students continue to access individualized curriculum as specified in individualized programs. Modifications are made to attend to protocols and procedures in place, such as by reducing the use of shared materials across students.
- During remote instruction, curriculum is presented digitally to the extent possible. If this is not feasible, such as when manipulatives are used for instruction, curriculum is given to parents to be used at home.
- Modifications to curriculum in both settings are made on an on-going basis, determined by student performance.
- Programs for remote instruction are selected on the basis that they are better suited for a virtual format. This may include targets that have already been introduced in the school setting, programs that already include the use of technology.

Virtual and Hybrid Learning Environment – Instruction

To the extent possible, instructional procedures remain consistent between home and school. When necessary, modifications are made to maximize student success in each setting, and to account for parent input. For example, prompts may be embedded within the teaching materials to reduce the amount of physical prompting delivered by a parent.

Virtual and Hybrid Learning Environment – Assessment

Ongoing assessment of student performance occurs via data collection. If the student demonstrates consistent performance in both settings during hybrid instruction, data may be collected in both settings. If performance is inconsistent across both settings, teaching and data collection may primarily occur at school, with supplemental instruction provided during remote instruction.

Professional Learning—

Professional learning opportunities are built into the school calendar. These learning opportunities may be specific to COVID-19 and the protocols established within this document. Professional learning also includes topics related to Applied Behavior Analysis, including principles of behavior, teaching strategies, and data collection and analysis. Staff members may request to attend workshops or conferences related to the field of study throughout the year.

Mentoring and Induction—

Mentoring will continue to be provided during hybrid instruction. All provisional teachers will be assigned an experienced mentor for the year. Mentoring meetings and observations will occur remotely, through Zoom or phone calls to allow for regular communication while mitigating health risks.

Evaluation—

The evaluation process will remain unchanged. Evaluations will occur on days that teachers are scheduled to provide in-person instruction. Social distancing will be attended to during the evaluation. The evaluator will also wear appropriate PPE throughout the observation period. If the amount of scope of in-person instruction provided by the teacher is not sufficient to conduct a complete evaluation, the evaluator will schedule observations of remote sessions as well.

Career and Technical Education (CTE)—

Due to the nature of the disability of PCDI's student population, a formal CTE program is not part of the Institute's program. When instruction related to vocational skills and career/job training are appropriate, this will be included in students' goals and objectives in their IEP. To the extent possible, instruction in these skills will continue to be provided during in-person instruction. Modifications may be made to the instructional strategies in order to minimize risk

Ancillary Documents

Addendum to Manual of Personnel Policies

Princeton Child Development Institute (“PCDI”) has adopted the following policies in accordance with the Centers for Disease Control (“CDC”), the State of New Jersey Department of Education, and the State of New Jersey Department of Health guidelines with respect to safety precautions relating to the COVID-19 pandemic:

- If an employee has illnesses not related to COVID-19, or there are any circumstances that prevent him/her from coming to work, these days will be counted as sick days and will be deducted from the employee’s allocated sick time. If an employee has COVID-19 symptoms and must stay home but is later diagnosed with something other than COVID-19, including, but not limited to, strep throat or influenza, any days out of work following the receipt of the test results will be counted as sick days.
- If an employee does not pass the daily screening questionnaire due to COVID-19 symptoms, including, but not limited to, fever, cough, shortness of breath, new loss of taste or smell, and/or nausea/diarrhea, he/she should not report to work. He/she will be required to contact his/her medical professional to determine if a COVID-19 test is warranted and may return to work if he/she tests negative for the virus and symptoms have subsided, or receives a clear alternate diagnosis (e.g., strep throat) PCDI will only permit an employee to return to work when the employee is fever-free, without vomiting or diarrhea for twenty-four (24) hours without the use of fever-reducing medication and symptoms are improving. Employees must provide documentation from a physician. Employees should refer to information regarding the Families First Coronavirus Response Act (“FFCRA”) to determine if they are eligible for any of those programs.
- If an employee has a positive COVID-19 diagnosis with symptoms, he/she can return to the building only after he/she is fully recovered. At least ten (10) days must have passed since the onset of symptoms, the employee must be fever-free for twenty-four (24) hours without the use of fever-reducing medication, and symptoms must be improving. Employees must provide documentation from a physician. Employees should refer to information regarding the FFCRA to determine if they are eligible for any of those programs.
- If an employee has a positive COVID-19 diagnosis but has no symptoms, he/she may return to work ten (10) days after the date of his/her positive COVID-19 diagnostic test and if he/she has not developed symptoms. Employees should refer to information regarding the FFCRA to determine if they are eligible for any of those programs.
- If an employee has symptoms, but is able to work, PCDI will establish a schedule for that employee to work remotely until such time as the employee can return to the building.
- If an employee has recently returned from a high-risk state or has travelled internationally, he/she must self-isolate for fourteen (14) calendar days from the date of return before entering the building. He/she may return to the building only if he/she is fully asymptomatic. He/she will not be permitted to come into physical contact with any colleagues during this time. PCDI may be able to establish a schedule for that employee to work remotely until such time as the employee can return to the building. If that is not possible, this time will be unpaid.

- If a household contact of an employee is infected or is showing symptoms of COVID-19, the employee must remain at home. He/she will not be permitted to come into physical contact with any colleagues during this time. He/she will be permitted to return to the building fourteen (14) calendar days after his/her family member has fully recovered or until the close contact has received a negative test, or alternate diagnosis, and symptoms have improved, provided the employee is asymptomatic. The staff member may be asked to complete a COVID-19 test prior to returning to work.
- If an employee has been in close contact* with a person who has a confirmed or probable case of COVID-19, we ask that he/she remain home for fourteen (14) calendar days after the last exposure, provided the employee is asymptomatic. He/she will not be permitted to come into physical contact with any colleagues during this time. PCDI will establish a schedule for that employee to work remotely until such time as the employee can return to the building. Employees should refer to information regarding the FFCRA to determine if they are eligible for any of those programs.
- If an employee needs to provide care to a family member infected by or showing symptoms of COVID-19, he/she must remain at home. He/she will be permitted to return to the building fourteen (14) calendar days after his/her family member has fully recovered or receives a negative test, provided that the employee is asymptomatic. He/she will not be permitted to come into physical contact with any colleagues during this time. PCDI will establish a schedule for that employee to work remotely until such time as the employee can return to the building. Employees should refer to information regarding the FFCRA to determine if they are eligible for any of those programs.
- PCDI may require staff be tested for COVID-19 at any point throughout the year (e.g., following an extended break).

**Close contact is defined as being within six (6) feet of an infected person for a cumulative total of 15 minutes or more over a 24-hour period starting from 2 days before illness onset (or, for asymptomatic patients, 2 days prior to test specimen collection) until the time the patient is isolated.*

Guidelines for Staff

Staff members who have symptoms of COVID-19 AND have tested positive	<ul style="list-style-type: none"> • At least ten (10) days have passed since their symptoms have appeared AND
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	<ul style="list-style-type: none"> • They have had no fever for at least twenty-four (24) hours (one (1) full day) without the use of medicine that reduces fever) AND • No vomiting or diarrhea for twenty-four (24) hours AND • Other symptoms have improved
Staff members who have symptoms of COVID-19 and have NOT been tested (i.e., monitoring for symptoms at home) should stay home and away from others until:	<ul style="list-style-type: none"> • At least ten (10) days have passed since their symptoms have appeared AND • They have had no fever for at least twenty-four (24) hours (one full day) without the use of medicine that reduces fever) AND • No vomiting or diarrhea for twenty-four (24) hours AND • Other symptoms have improved <p>OR</p> <ul style="list-style-type: none"> • A clear alternate diagnosis has been provided from a physician AND • They are fever-free with no vomiting and diarrhea for twenty-four (24) hours AND • Other symptoms have improved
Staff members who have NO symptoms but have tested positive should stay home and away from others until:	<ul style="list-style-type: none"> • Ten (10) days have passed from the collection date of their positive COVID-19 diagnostic test AND they have not developed symptoms
Staff members who have symptoms and have tested negative should stay home and away from others until:	<ul style="list-style-type: none"> • Twenty-four (24) hours after their fever has ended without the use of fever-reducing medications, twenty-four (24) hours without vomiting and diarrhea, and other symptoms are improving

PCDI will implement the following policies, effective immediately, for students:

- If a student does not pass the daily screening questionnaire due to COVID-19 symptoms such as fever, cough, shortness of breath, new loss of taste or smell, or nausea/diarrhea, he/she must stay home from school/work. They will be required to see a physician and, if

possible, be tested for COVID-19. They may return to school/work if they test negative for the virus and symptoms have subsided. They must be fever-free for forty-eight (48) hours without the use of fever-reducing medication, as well as without vomiting or diarrhea. Physician documentation is required.

- If a student has COVID-19 symptoms, is able to be tested and tests positive, they can return to the building only after they are fully recovered. At least ten (10) days must have passed since the onset of symptoms and they must be fever-free for forty-eight (48) hours without the use of fever-reducing medication, as well as without vomiting or diarrhea. Physician documentation is required.
- If a student has COVID-19 symptoms and is not tested, they can return to the building only 10 days after symptoms have appeared, if symptoms are improving, they remain fever-free, without vomiting or diarrhea for forty-eight (48) hours without the use of fever-reducing medication, or have a clear alternate diagnosis from a physician (e.g., exacerbation of an underlying illness, strep, or classic presentation of pediatric viral illness, but excluding non-specific viral syndrome, upper respiratory infection, or other symptoms). If there is a clear alternate diagnosis, the student may return provided they remain fever-free, without vomiting or diarrhea for forty-eight (48) hours without the use of fever-reducing medication. Physician documentation is required.
- If a student has a positive COVID-19 diagnosis but has no symptoms, they may return to school/work ten (10) days after the date of the positive COVID-19 diagnostic test if they have not developed symptoms.
- If a student has symptoms, with or without a positive diagnosis, but feels well enough to participate in school/work activities, PCDI may provide remote instruction.
- If a student has recently returned from a high-risk state or has travelled internationally, the student will not be permitted to enter the building for fourteen (14) calendar days from the student's return from that state, and only if the student is fully asymptomatic. PCDI may provide remote instruction.
- If a household contact of a student is infected or is showing symptoms of COVID-19, he/she must remain at home. He/she will be permitted to return to the building fourteen (14) calendar days after his/her family member has fully recovered, provided the student is asymptomatic.
- If a student has been in close contact (see definition above) with someone infected with or showing symptoms of COVID-19, with high chances of being infected, that student will not be permitted to enter the building for fourteen (14) calendar days from the date of close contact, and only if the student is fully asymptomatic.
- If a student has an illness other than COVID-19 that has been confirmed by a physician (e.g., exacerbation of an underlying illness, strep, or classic presentation of pediatric viral illness, but excluding non-specific viral syndrome, upper respiratory infection, or other symptoms), they may return to school/work under the following conditions:
 - They are fever-free for forty-eight (48) hours without the use of fever-reducing medication.
 - They have not displayed vomiting for forty-eight (48) hours.

- They have not displayed diarrhea for forty-eight (48) hours.

<p>Individuals who have symptoms of COVID-19 AND have tested positive</p>	<ul style="list-style-type: none"> • At least ten (10) days have passed since their symptoms have appeared AND • They have had no fever for at least forty-eight (48) hours (two (2) full days) without the use of medicine that reduces fever) AND • No vomiting or diarrhea for forty-eight (48) hours AND • Other symptoms have improved
<p>Individuals who have symptoms of COVID-19 and have NOT been tested (i.e., monitoring for symptoms at home) should stay home and away from others until:</p>	<ul style="list-style-type: none"> • At least ten (10) days have passed since their symptoms have appeared AND • They have had no fever for at least forty-eight (48) hours (two full days) without the use of medicine that reduces fever) AND • No vomiting or diarrhea for twenty-four (24) hours AND • Other symptoms have improved <p>OR</p> <ul style="list-style-type: none"> • A clear alternate diagnosis has been provided from a physician AND • They are fever-free with no vomiting and diarrhea for forty-eight (48) hours AND • Other symptoms have improved
<p>Individuals who have NO symptoms but have tested positive should stay home and away from others until:</p>	<ul style="list-style-type: none"> • Ten (10) days have passed from the collection date of their positive COVID-19 diagnostic test AND they have not developed symptoms
<p>Individuals who have symptoms and have tested negative should stay home and away from others until:</p>	<ul style="list-style-type: none"> • Forty-eight (48) hours after their fever has ended without the use of fever-reducing medications, forty-eight (48) hours without vomiting and diarrhea, and other symptoms are improving

If a suspected or confirmed case of COVID-19 infection occurs within the center or within a work site, the sick person will be sent home.

- If it is a staff member and they are able to drive, they will leave immediately.

- If it is a student, the parents and/or emergency contact will be contacted. They will be required to pick up their child immediately. A student will not be allowed to take district transportation, nor will they be allowed to remain at school or at work until the end of the day.
 - The student will remain isolated in a quarantine room until he or she has been picked up by a parent, guardian, or emergency contact.
- Other staff members and students who have been in close contact with that person must be quarantined in their homes for fourteen (14) days from the date of the latest contact.
 - Staff members may provide remote instruction during their quarantine, if they are well enough to do so.
 - Remote instruction will be provided to students during their quarantine.
 - PCDI will notify all parents/guardians and staff members there is a positive case in the building. PCDI will advise parents/guardians whether their child is considered to have been in close contact with the infected individual.
 - PCDI will follow CDC guidance for cleaning and disinfection. *See cleaning and disinfecting protocols.*
- Those individuals who are not considered to have been in close contact with the infected individual can remain in the building but must continue to comply with the daily and vigilant screening for illness set forth herein. Further, all individuals must strictly adhere to all social distancing, personal and environmental hygiene measures.
- In the event of multiple confirmed cases, PCDI, along with guidance from the local health department, will determine whether to suspend all operations within the building. *See below regarding closure.*

Closure

- Based on guidance from the local health department, PCDI may need to temporarily suspend operation for two (2) to five (5) days, if children or staff members from multiple groups (e.g., modules) within the building attended school before being confirmed as having COVID-19.
 - This initial short-term dismissal allows time for the local health officials to gain a better understanding of the COVID-19 situation impacting the facility, perform contact tracing and cleaning and disinfecting the building.
 - Facilities will follow CDC guidance on how to disinfect the building if an individual is sick.
 - If a sick child has been isolated in the building, all surfaces in the student's classroom and the quarantine room will be cleaned and disinfected.
 - If COVID-19 is confirmed for a student or staff member:
 - All areas used by the individual will be closed off (i.e., students in that area will be moved to another area).

- Outside doors and windows will be opened to increase air circulation in the areas.
- Cleaning and disinfecting of the areas will occur twenty-four (24) hours after the individual leaves the area.
- PCDI will work with local health officials to determine appropriate next steps, including whether an extended dismissal duration is needed to stop or slow further spread of COVID-19.
- If PCDI is required to close for any period of time, PCDI will provide remote instruction to the extent practicable.

Communication

- If a probable or confirmed case of COVID-19 infection occurs within the building, PCDI will initiate the following communication protocol:
 - PCDI will contact staff members and families of students who are close contacts via phone call that they have potentially been exposed to COVID-19 and will be required to quarantine for fourteen (14) days. PCDI will also provide written notice.
 - PCDI will email all staff members and families of students who are not close contacts of the suspected or confirmed case within the building. PCDI may, in its discretion, continue instruction in the building unless another probable or confirmed case in another group within the building is identified.

PCDI will notify the local health department. Because PCDI students live throughout the state of New Jersey, the family is required to notify their local health department.

The Families First Coronavirus Response Act provides eligible* employees with Emergency Family Medical Leave and/or Emergency Paid Sick Leave under specific conditions.

Emergency Family Medical Leave Act (EFMLA)

The EMFLA allows twelve (12) weeks of partially-compensated family medical leave if an employee is unable to telework due to care of a child under age eighteen (18) because of school or childcare facility closure due to a public health emergency. The employee may be eligible for up to twelve (12) weeks of job-protected leave with up to ten (10) weeks paid at a rate of 66.67% of his/her regular rate of pay.

Emergency Paid Sick Leave Act (EPSLA)

The EPSLA allows for eighty (80) hours of paid sick leave to employees under the following circumstances:

1. The employee is quarantined or isolated by a Federal, State, or local order.
2. The employee is advised by a health care professional to self-quarantine due to concerns related to COVID-19.
3. The employee is experiencing symptoms of COVID-19 and seeking a medical diagnosis.
4. The employee is caring for an individual subject in quarantine or isolation by Federal, State, or local order or by direction of a health care professional.
5. The employee is caring for a child because of school or childcare facility closure.
6. The employee is experiencing any other substantially similar condition specified by the Secretary of Health and Human Services in consultation with the Secretary of Treasury and Secretary of Labor.

Emergency Paid Sick Leave is paid for up to eighty (80) hours (prorated for part-time employees). Emergency Paid Sick Leave is in addition to any other employer-provided paid time off. Employees are eligible for 100% of regular pay for reasons 1-3 (capped at \$511/day or \$5,110 in aggregate). Employees are eligible for 66.67% of regular pay for reasons 4-6 (capped at \$200/day or \$2,000 in aggregate).

*This leave applies only to workers who have been employed by PCDI for thirty (30) days or more.

Additional Resources

[Employee Assistance Program to Promote Employee Well Being](#)

[The Advantages of a 10-4 Reopening Plan \(should we include if going to 5 days a week?\)](#)

[American Academy of Pediatrics Reopening Considerations](#)

[NJ Department of Education Reopening Plan](#)

[CDC Guidelines for Schools](#)