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The International Academy of Hope

Reopening Plan

2021 - 2022 School Year

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TABLE OF CONTENTS

Section 1: Return to In-Person Learning	5
Prevention Strategies for In-Person Learning	5
No Longer Required	5
Remote Learning Instruction – When and How	5
Floor Plan	6
Staff Lunch Guidelines	6
Section 2: Health and Safety	7
Updated Guidance for Health Screening	7
Recognizing Signs and Symptoms of COVID-19	7
Training and Communication	8
Staff Training	8
Personal Protective Equipment (PPE)	9
Face Masks	9
Face Shields	9
Reusable Masks	10
Mask Breaks	10
Student Face Coverings	10
Gloves	10
Proper Removal of Gloves	10
Social Distancing	11
Cleaning, Disinfection and Hygiene	11
Workstations and Student Equipment	12
Hand Hygiene	12
Respiratory Hygiene	13
Disinfection of Shared Objects	13
Ventilation	13
Isolation Rooms	13
Restrooms	13
COVID-19 Safety Coordinator	14

Section 3: COVID-19 Policies, Procedures and Protocols	14
Mandatory Procedures When Reporting to Work	14
Mandatory Employee COVID-19 Vaccination Policy	15
Testing Requirements and Exemptions	15
Unvaccinated Staff.....	15
Vaccinated Staff/Students	15
Recent Recovery from a Confirmed Case of COVID-19	15
Time Allowed for COVID-19 Vaccinations	15
Management of Ill Persons.....	16
Protocol for Employees/Students Following COVID-19 Exposure or Infection.....	16
Guidance for Employees	16
Guidance for Students	17
Quarantine Exemptions for Individuals Exposed to COVID-19	18
Fully Vaccinated Student/Staff	18
Recent Recovery from a Case of COVID-19	18
Protocol for a Confirmed Case of COVID-19 on Site.....	18
Protocol for School Closure due to a Confirmed Case of COVID-19 on Site	19
Communicating School Closure due to a Confirmed Case of COVID-19 on Site	19
Returning to School After a Confirmed Case of COVID-19.....	19
Contact Tracing.....	20
Emergency Drills	21
Employment.....	21
If an employee is sick.....	21
If an employee is caring for a sick or quarantined family member.....	22
School and childcare provider closure.....	22
Precautionary and Mandatory Quarantine (Paid COVID Sick Leave).....	22
COVID-19 Travel Advisory	23
Employee Assistance Program (EAP)	23
Daily Operations	23
Transportation	23
School Visitors.....	24

Deliveries	24
Neighborhood Outings	24
Meetings	24
ACKNOWLEDGEMENT OF RECEIPT	25
EXHIBIT A: Remote Learning Program Description.....	26

Section 1: Return to In-Person Learning

For the 2021-2022 SY iHOPE will be returning all students and employees to full-time in-person learning as of September 13, 2021. In accordance with the Centers for Disease Control and Prevention (CDC) guidelines, iHOPE will continue to maintain layered prevention strategies to ensure staff and students are safe upon returning to school.

The changes outlined in this plan were made in consideration of the staff and parent surveys provided in August 2021 regarding workplace safety as well as our physical space. We welcome your continued feedback as we return to in-person learning in the fall. Please bring any questions, comments or concerns directly to our Administrative Leadership Team (Shani, Mayra and Courtney). For anonymous feedback please fill out our “Staff Suggestion” e-form which will be linked in our weekly updates to staff.

Prevention Strategies for In-Person Learning

- Mandatory vaccination policy for staff (see section 3). When reading through this document please make note that an individual is considered **fully vaccinated** when it has been ≥ 2 weeks following receipt of the second dose in a 2-dose series, or ≥ 2 weeks following receipt of one dose of a single-dose vaccine.
- Maintaining a physical distance of 3 feet between students and ensuring masking and hand hygiene when 3 feet cannot be maintained.
- Requiring consistent and correct use of face masks by all staff regardless of vaccination status.
- Improving ventilation by providing portable air cleaners in classrooms without windows.
- Routine cleaning and disinfection with the addition of a second day porter.
- Adhering to proper handwashing and respiratory etiquette.
- Providing guidelines for staying home when sick and getting tested.
- Contact tracing in combination with quarantine and isolation.
- Utilizing teaming in the classrooms to limit the number of service providers in each classroom at any given time.
- Visitors are required to show proof of Covid-19 vaccination, or a negative PCR test result from within the past 72 hours.
- Neighborhood outings will resume following policy guidelines in this document.

No Longer Required

- Temperature checks
- Daily health screenings
- Staggered employee schedules/lunches

Remote Learning Instruction – When and How

iHOPE is prepared to transition students to our virtual platform for live instruction (Zoom) under the following circumstances:

- Students are not permitted to enter staff lounges.
- If eating in a shared office space, there cannot be students present. Most therapists are scheduled for a 12 PM lunch hour with their team, there should be no pull-out sessions at this time.
- Therapists who do not have a 12 PM lunch should use the staff lounge for their alternate lunch hours (11 AM or 1 PM) to ensure no treatment is happening in the room where they are eating.
- Classrooms **cannot** be used for staff lunches when students are present.
- We are permitting only contact-free delivery of food to the school. We will set up a no contact drop-off table in the downstairs lobby for pre-paid delivery orders.

**A socially distanced lunch hour will be provided for individuals with vaccination exemptions or individuals who are not yet fully vaccinated. Speak to your supervisor if this affects you.*

Section 2: Health and Safety

iHOPE continues to monitor guidance from the Center for Disease Control (CDC), New York State Department of Health (DOH), New York State Education Department (NYSED) as well as other applicable federal, state & local authorities to ensure that the most up to date guidance regarding health and safety is adhered to as we return to in-person instruction. We will continue to update protocols and procedures in line with this guidance and communicate any updates directly to employees and families.

Updated Guidance for Health Screening

The CDC no longer recommends temperature screenings or screening questionnaires at schools. However, schools should be proactive that staff and students experiencing COVID-19 symptoms should be tested for COVID-19 and stay home.

Employees and students are expected to notify their supervisor or administration if any of the scenarios below apply to them:

- ❖ You have been exposed to someone positive for COVID-19
- ❖ You develop symptoms as outlined in the section “Recognizing Signs and Symptoms of COVID-19”
- ❖ You are returning from travel internationally

Recognizing Signs and Symptoms of COVID-19

Students and employees exhibiting the below signs and symptoms with no other explanation for them should be sent to the nurse’s office for an assessment by the school nurse. **This should be done regardless of vaccination status.** If the school nurse is not available, administration should contact the parent/guardian to come pick up their ill child or send the employee home.

Students and employees who are experiencing the symptoms below with no other explanation will be supervised in an isolation room while awaiting transport home. Employees are required to

notify the school when they develop symptoms or are notified of COVID-19 exposure during or outside school hours. Likewise, employees working with a student who develops symptoms with no other explanation must notify the school nurse so that they can evaluate the student.

The Centers for Disease Control and Prevention (CDC) keep an up-to-date list of [symptoms of Coronavirus](#) on its website. This list is not all-inclusive as some individuals may display other symptoms or none at all. As of 2/22/2021, the following are listed as the most common symptoms of COVID-19:

- ❖ Fever or chills
- ❖ Cough
- ❖ Shortness of breath or difficulty breathing
- ❖ Fatigue
- ❖ Muscle or body aches
- ❖ Headache
- ❖ New loss of taste or smell
- ❖ Sore throat
- ❖ Congestion or runny nose
- ❖ Nausea or vomiting
- ❖ Diarrhea

Training and Communication

It is important to continuously communicate and update all employees regarding COVID-19 and how it affects the iHOPE community. Newsletters, emails and flyers will be distributed frequently. Employees will be trained in the hazards of COVID-19 exposures and how they relate to the workplace. Training will include when to use PPE, what PPE is necessary, how to properly don (put on), use, and doff (take off) PPE, and how to properly dispose of PPE.

School leadership will continue to maintain weekly meetings/updates with department directors and the full staff to review plans, announce updates and discuss feedback from families and staff.

Staff Training

It is mandatory for all employees to complete the following trainings and any additional trainings as they are scheduled throughout the school year. Many of these trainings are available for review through Workday.

1. COVID-19: Infection Control Guidelines and the Use of Personal Protective Equipment
2. OSHA, HIV Policy, Hazard Communication Standards.
3. HIPAA: Policies, Procedures, and Systems to Safeguard Protected Health Information
4. Handwashing & Respiratory Hygiene

Personal Protective Equipment (PPE)

iHOPE has ordered an inventory of Personal Protective Equipment (PPE) that will be available to all employees including surgical masks, face shields, gloves, gowns and hair caps. Employees will be required to wear PPE based on their role and responsibilities throughout the day.

Face Masks

Employees are required to wear a face covering any time that individuals cannot maintain appropriate social distancing. This includes wearing face masks in classrooms, elevators, while entering/exiting classrooms, walking in hallways, and traveling around the school building. **The only time face coverings can be removed without social distancing is during lunch hours and meetings when all individuals are fully vaccinated, and no students are present.**

iHOPE will be providing all employees with access to face coverings at no cost to the employee. Each room will have a supply of surgical masks and gloves. Therapists will have access to alternate PPE (i.e., face coverings that are transparent at or around the mouth) for instruction or interventions that require visualization of the movement of the lips and/or mouths (e.g., speech therapy). These alternate coverings may also be used for certain students (e.g., hearing impaired) who benefit from being able to see more of the face of the faculty or staff member.

Acceptable face coverings include but are not limited to cloth-based face coverings (e.g., homemade sewn, quick cut, bandana), and surgical masks that cover both the mouth and nose. Employees are responsible for ensuring that their face coverings are kept in working condition and are cleaned or replaced if damaged or soiled.

Consider wearing two face coverings. Two face coverings may better protect you and others by adding layers and helping ensure a snug fit. If you decide to wear two face coverings, wear a cloth face covering over a disposable mask. Do not wear two disposable masks or a face covering over a higher-grade mask like a KN95.

Face Shields

Each employee will be given a dedicated personal face shield (will be replaced if damaged). Face shields worn without other face coverings are **not** considered adequate protection or source control against COVID-19. For optimal protection, when worn, **the face shield must be used with a face mask** and:

- ❖ Extend below the chin anteriorly.
- ❖ To the ears laterally.
- ❖ There should be no exposed gap between the forehead and the shield's headpiece.
- ❖ Only be worn one person per shield.
- ❖ Be disinfected between use; and
- ❖ The wearer should wash their hands after removing the shield and before putting it on.

Paraprofessionals, Teachers and Related Service providers will determine when a face shield is needed based upon students' needs, intervention strategies, and professional judgment. A clear face shield should be utilized only by the person to whom it was assigned and may not be shared with

another staff member. Clear face coverings should be cleaned after each session using the approved cleaning materials at your workstation. Employees must disinfect their personal face shield before placing it in the plastic bag designated for storing face shields at the end of each shift.

To disinfect a face shield – follow the guidelines below:

1. **Wash hands and put on a pair of disposable gloves.**
2. Carefully wipe the inside and then the outside of the visor using a clean cloth saturated with neutral detergent solution, rinse if needed.
3. Carefully wipe the outside of the visor using a clean cloth or wipe saturated with disinfectant solution; you can also use soap and water while wearing gloves, be sure it remains wet for the required contact time (20 seconds).
4. Wipe the outside of visor with clean water to remove residue.
5. Fully dry (air dry or use clean absorbent towels).

The emphasis when cleaning should be on the outside of the face shield.

Reusable Masks

Employees are responsible for laundering their own reusable masks, scrubs and clothing to prevent any cross contamination. Bags will be available to contain soiled materials.

Mask Breaks

Employees can remove their face covering during meals and for short breaks so long as they maintain appropriate social distance (6-feet). **The only time face coverings can be removed without social distancing is during lunch hours and meetings when all individuals are fully vaccinated, and no students are present.**

Student Face Coverings

Many of our students are not medically able to tolerate face covering and will not be required to wear a face covering unless they have parent documentation stating they are able to wear one during the school day. Face coverings should **not** be placed on students, however all employees working with students will be required to wear a face covering. **To the extent that it is possible, students should maintain 3-feet of distance between each other when not wearing masks in the classroom.**

Gloves

Employees must wear gloves when providing direct care involving contact with body fluids such as blood, fecal matter, urine, saliva, and tears. Gloves must always be worn when providing direct care related to administering medication, toileting/changing, feeding or when handling soiled laundry. Gloves must be removed **immediately** after use, disposed of properly and hands must be washed.

Proper Removal of Gloves

Proper removal of protective gloves begins with holding your gloved hands out away from your body with your fingers facing downwards. The following steps should then be followed in a manner that pulls the gloves **away** from your body to avoid splashing:

1. Grip 1 glove on the outside of the glove near the cuff and peel it down until it comes off inside out.
2. Cup it with your other (gloved) hand.
3. Place 2 fingers of your bare hand inside the cuff of the glove that is still on your hand.
4. Peel that glove off so that it comes off inside out, with the first glove inside it.
5. If there is blood or another bodily fluid on the gloves, dispose of the gloves properly.
6. Wash your hands after you remove your gloves so that you don't spread germs.

Social Distancing

Per CDC several [studies](#) from the 2020-2021 school year show low COVID-19 transmission levels among students in schools that had less than 6 feet of physical distance when the school implemented and layered other prevention strategies, such as the use of masks.

CDC recommends schools maintain at least 3-feet of physical distance between students within classrooms, combined with indoor mask wearing to reduce transmission risk. When it is not possible to maintain a physical distance of at least 3-feet, such as when schools cannot fully re-open while maintaining these distances, it is especially important to layer multiple other prevention strategies.

iHOPE will socially distance students from their peers following the 3-foot distancing guidance to the extent possible in classrooms and treatment areas. Due to the nature of treatment at iHOPE, employees are required to always wear a mask and practice hand hygiene between sessions and use additional PPE as needed when working with a student since shorter distances are required for direct student services. When using the hallways for treatment and transitions employees should reduce bi-directional traffic by adhering to floor markers and ensuring there is 3 feet of distance between you and other team members.

Cleaning, Disinfection and Hygiene

iHOPE will have **two** full-time porters on site to perform cleaning and disinfection throughout the school day of high touch surfaces, common areas and restrooms. There will also be an evening cleaning team to provide a deep clean at the end of each day.

High touch surfaces should be cleaned and disinfected frequently though out the day.
Examples of high touch surfaces include:

- ❖ Tables
- ❖ Doorknobs
- ❖ Light switches
- ❖ Countertops
- ❖ Handles
- ❖ Desks
- ❖ Phones
- ❖ Elevator buttons
- ❖ Chairs
- ❖ Keyboards and tablets

- ❖ Toilets and restrooms
- ❖ Faucets and sinks

Workstations and Student Equipment

It is the responsibility of employees to ensure regular cleaning and disinfection of their workstations and the equipment they are using with students between uses throughout the day.

Students should be provided with individual sets of materials to avoid sharing of common items such as books, art supplies, alternative pencils, laminated cards, etc. Each student's set of supplies should be kept in their cubby or personalized storage bin.

If student equipment needs to be disinfected, students should not be present when disinfectants are in use and should not participate in cleaning and/or disinfection activities. If an item needs to be disinfected the following guidelines should be followed.

- ❖ Windows should be opened when possible.
- ❖ When disinfecting electronic devices such as laptops, iPads, keyboards and computer mice, etc., between uses try to use alcohol-based wipes and dry surfaces thoroughly to avoid the pooling of liquids.
- ❖ Shared athletic/gym equipment (e.g., balls, standers, gait trainers, bolsters) should be cleaned between use.
- ❖ Washer/Dryer is available for cleaning iHOPE equipment only (bean bag covers, cloth swings, dress up clothes etc.)

For large messes or emergencies, employees can request the porter's assistance with disinfection.

Hand Hygiene

In addition to the hand sanitizing dispensers that are accessible throughout the building, it will be a priority to keep students and employees in rooms that have access to warm running water, and soap for hand hygiene. In rooms without access to sinks, hand sanitizer (60% alcohol or greater) will be made available.

Traditional hand washing (with soap and warm water) includes lathering for a minimum of 20 seconds or using an alcohol-based hand sanitizer (60% alcohol or greater) when soap and water is not available. Visibly soiled hands should be washed with soap and water.

Some students or employees may be unable to use alcohol-based hand sanitizers for health reasons therefore they must be permitted to wash their hands with soap and water.

Hands Hygiene should be practiced:

- ❖ Before and after removing PPE
- ❖ Before and after snacks and meals
- ❖ **Before and after any activity with a student that involves physical contact**
- ❖ Upon entering the building and each classroom

- ❖ After using shared objects or surfaces (e.g., electronic devices, musical instruments, writing utensils, tools, toys, desks or tabletops)
- ❖ After using the bathroom
- ❖ After helping a student with toileting
- ❖ After sneezing, wiping or blowing nose, or coughing into hands
- ❖ Upon coming in from outdoors; and
- ❖ Anytime hands are visibly soiled

Respiratory Hygiene

The COVID-19 virus spreads from person to person in droplets produced by coughs and sneezes. Therefore, it is important that students and employees cover their mouths or noses with a tissue when coughing or sneezing and dispose of the tissue appropriately.

A supply of tissues and trash cans will be available in each room when feasible. If no tissue is available, using the inside of the elbow (or shirtsleeve) to cover the mouth or nose is preferable to using the hands. **Always perform hand hygiene after sneezing, coughing and handling dirty tissues or other soiled material.**

Disinfection of Shared Objects

Use of shared objects (e.g., gym or physical education equipment, supplies, toys, games, etc.) will be limited when possible. Ensure adequate supplies are available to minimize sharing of high touch materials to the extent possible (e.g., assigning each student their own art supplies, equipment) or limit use of supplies and equipment by one group of children at a time and **clean and disinfect between use**. When possible, storage cubbies, PT and OT equipment should be limited.

Ventilation

iHOPE will prioritize treatment in areas with increased ventilation with outdoor air to the greatest extent possible (e.g., opening windows and doors). iHOPE has updated all HVAC filters to the MERV-13 (recommended for being efficient at capturing airborne viruses). Additionally, portable air cleaners will be provided in all classrooms without windows.

Isolation Rooms

A room will be designated as needed for any employee/student who needs to be quarantined until they can leave the building due to exposure or symptoms of COVID-19. Please look at signs located next to doors to determine if a treatment area has been turned into an isolation room. Any space used as an isolation room will be sanitized and ventilated afterwards. The nurse, paraprofessional and any additional staff supervising the Isolation Room must be given the appropriate personal protective equipment (PPE), including, but not limited to, KN95 Masks, gloves, gowns, and face shields.

Restrooms

Restrooms will be cleaned and disinfected more than once a day using approved chemicals to disinfect against COVID-19. **Student bathrooms will be limited to one student and one aide at a time.** Restrooms will be continuously stocked with soap and paper towels. Trash cans will be emptied regularly. CDC posters and posters reminding of proper handwashing techniques will be

maintained in and around restroom areas. Where possible, doors will be propped open to minimize door handle touching.

COVID-19 Safety Coordinator

Each member of the Administrative Leadership Team (Shani, Mayra and Courtney) is a designated COVID-19 Safety Coordinator. This is the primary contact for reports of COVID-19 exposure.

Section 3: COVID-19 Policies, Procedures and Protocols

Here is an easy-to-follow summary of policies related to the COVID-19 emergency. These guidelines are consistent with iHOPE's Employee Handbook with additional protocols and slight variations to allow for greater flexibility during this public health crisis.

Mandatory Procedures When Reporting to Work

The failure of an employee to abide by these mandatory procedures may result in disciplinary action, up to and including termination. These mandatory procedures shall take effect immediately and shall remain in effect until further notice. iHOPE management reserves the right to modify these mandatory procedures at any time.

Supervisors are expected to communicate these mandatory procedures to staff. Supervisors are also expected to ensure that staff are comfortable regarding their safety and ability to perform their work duties.

All employees must follow the guidelines below when reporting to work:

- ❖ Self-monitor for symptoms
- ❖ Conduct hand washing upon entering the site, using soap and water for at least 20 seconds, or hand sanitizer when soap and water are unavailable.
- ❖ Use the supplied disinfectants to wipe down shared office equipment after use. Staff should wash or sanitize hands after using any shared equipment or furniture (e.g. door handles).
- ❖ Use the supplied disinfectants to wipe down desk space/treatment areas.
- ❖ Wash or sanitize hands when entering or exiting a communal space, such as the kitchen.
- ❖ Observe and respect signage – if a sign says a machine or area is not to be used, do not use it.
- ❖ Wear a face covering as outlined under “Face Masks”
- ❖ Limit elevator occupancy to the building-established occupant maximum. **Elevators should be prioritized for employees traveling with a student.** All other employees are encouraged to take the stairs.
- ❖ When possible, share documents electronically instead of by paper. Employees may use paper for their own notes and use but should minimize sharing of physical items, including paper documents, whenever possible.
- ❖ Alert your supervisor if you begin to feel unwell while at work and immediately leave to seek medical attention or return home.

Mandatory Employee COVID-19 Vaccination Policy

Now that COVID-19 vaccines have been approved for Emergency Use Authorization (“EUA”) by the United States Food and Drug Administration (“FDA”) and are readily available to the general public, iHOPE is implementing a mandatory vaccination policy for employees, subject to the exceptions outlined in the full policy and otherwise provided by law.

This policy is based on guidance from the Centers for Disease Control and Prevention (“CDC”) and the Equal Employment Opportunity Commission (“EEOC”), and it is designed to comply with all applicable federal, state, and local laws. Compliance with this policy is a condition of your continued employment. **Employees can read the full policy and access related forms on the YAI Intranet. Please reach out to Human Resources with any questions.**

Testing Requirements and Exemptions

iHOPE provides access to COVID-19 testing through YAI Premier Healthcare for all staff – you can make an appointment by calling (212) 273-6272. If you test positive you will need to notify your supervisor and follow the “Protocol for Employees/Students Following COVID-19 Exposure or Infection” as outlined in this document.

Unvaccinated Staff

Beginning September 13, any staff members who is not fully vaccinated (two weeks after second dosage), or who has been granted an official exemption for the vaccination from human resources, will be required to provide a negative COVID-19 test result taken within the past 48 hours, by 8:30 am every Monday morning. Mayra Diaz will be sending email reminders to staff members who fit into this category by Friday afternoon of each week.

Vaccinated Staff/Students

Asymptomatic fully vaccinated individuals are not required to take a COVID test weekly. However, iHOPE is requiring fully vaccinated people who have come into close contact with someone with COVID-19 to be tested 3-5 days following the date of their exposure. Employees can continue to work while waiting for test results if they are asymptomatic. They should only isolate if they test positive. Testing should be conducted outside of work hours if the employee was exposed off-site. If an employee is determined a close contact due to a positive case of COVID-19 on site, instructions for testing during work hours will be provided.

Recent Recovery from a Confirmed Case of COVID-19

Asymptomatic individuals who have recovered from laboratory confirmed COVID-19 infection during the previous 3 months are not required to take a COVID test once they have been cleared to return to work post infection.

Time Allowed for COVID-19 Vaccinations

If an employee is scheduled to receive a COVID-19 vaccination and is unable to schedule this appointment outside of their regular scheduled working hours, the employee can be approved to take time from their scheduled work day, without loss of pay, for up to four hours to allow them to

receive each vaccination injection. Under this policy, any time taken from regularly scheduled work hours in excess of four hours will be processed as a PTO. Time off to be vaccinated requires supervisor approval. It is the responsibility of the employee to provide advanced notice to their supervisor once their appointment is scheduled in order to ensure coverage is coordinated when needed.

Employees who experience side effects after receiving the vaccine that prevent them from being able to report to work will be required to use accrued PTO time during their absence.

Management of Ill Persons

Students and staff with symptoms of illness must be sent to the nurse's office. Chronic conditions such as asthma and allergies or chronic gastrointestinal conditions may present the same symptoms as COVID-19 but are neither contagious nor pose a public health threat. The school nurse will assess individuals, isolating them if needed or dismissing them for the day. If the nurse chooses to go into the classroom to make assessments of students, this should be done in a manner that protects the student's confidentiality.

Protocol for Employees/Students Following COVID-19 Exposure or Infection

In order to ensure that we keep the students we support safe and healthy and to prevent staff shortages:

- ❖ Any individual who screens positive for COVID-19 exposure or symptoms, if screened at the school, must be immediately sent home with instructions to contact their health care provider for assessment and testing.
- ❖ Students who are being sent home because of a positive screen (e.g., onset of COVID-19 symptoms) must be immediately isolated and supervised until their parent/legal guardian or emergency contact can retrieve them from school.
- ❖ Students suspected of having COVID-19 awaiting transport home by the parent/guardian must be quarantined to a designated isolation room with a supervising adult present utilizing appropriate PPE. Multiple students suspected of COVID-19 may be in this isolation room if they can be separated by at least 6 feet.
- ❖ If the student or employee has emergency warning signs such as trouble breathing, persistent pain or pressure in the chest, new confusion, inability to arouse, bluish lips or face, the school nurse will call 911 and notify the operator that the person may have COVID-19.
- ❖ iHOPE will immediately notify the state and local health department about the case if diagnostic test results are positive for COVID-19. Information on health care and testing resources will be provided to the individuals affected.

Guidance for Employees

- A. Employees who have **not** been exposed to a confirmed or suspected case of COVID-19:
 - a. Continue to work.
- B. Employees who have been **exposed** to a confirmed or suspected case of COVID- 19:

- a. Inform your supervisor.
 - b. Stop work immediately and isolate at home for 10 calendar days unless you fall under a quarantine exemption (asymptomatic and fully vaccinated OR recovered from a COVID infection in the last 3 months).
 - c. Contact your health care provider to seek further medical guidance and testing.
 - d. Manage COVID-19 symptoms as if you have the infection regardless of availability of test results.
 - e. Contact HR Leaves regarding your eligibility for COVID Paid sick leave.
 - f. **Refer to section D below for clearance to return to work.**
- C. Employees who were **confirmed** to have COVID-19 or have a suspected case of COVID-19:
- a. Inform your supervisor.
 - b. Stop work immediately and isolate at home for 10 calendar days (regardless of vaccination status).
 - c. Contact your health care provider to seek further medical guidance and testing.
 - d. Contact HR Leaves regarding your eligibility for COVID Paid sick leave.
 - e. **Refer to section D below for clearance to return to work.**
- D. You must return to work when steps 1-5 are true:
- i. If you had symptoms (fever, cough, shortness of breath, body aches, chills, sore throat, loss of taste or smell, and headache), you've isolated at home for at least 10 calendar days since your symptoms first appeared OR you tested positive but had no symptoms and isolated at home for at least 10 calendar days since your positive COVID-19 test.
 - ii. If you had symptoms, they are improving.
 - iii. You've had no fever for at least 72 hours (3 days) without the use of fever-reducing medication.
 - iv. If you were symptomatic during your quarantine/isolation you can provide documentation from a health care provider evaluation including a **negative** COVID-19. Consistent with previous CDC guidance, there is no testing requirement to end the quarantine if no symptoms have been reported during the quarantine period.
 - v. You have signed the "Return to Work After COVID-19 Related Quarantine Attestation"
- E. Employees who cannot work because they do not meet the above conditions for returning to work during isolation must:
- a. Reach out to your direct supervisor and HR immediately at hrleaves@yai.org.

Guidance for Students

- A. Students who have been exposed to a confirmed or suspected case of COVID-19 can only return to school when all the following are met:
- a. The student has completed a 10-day quarantine unless they fall under a quarantine exemption (asymptomatic and fully vaccinated OR recovered from a COVID infection in the last 3 months).
 - b. The student presents clearance from a health care provider evaluation.
 - c. The student has been symptom free for 24 hours without the use of medication.
- B. Students who were confirmed to have COVID-19 or have a suspected case of COVID-19 can only return school when all the following are met:

- a. The student has completed a 10-day quarantine regardless of symptoms, vaccination status or test results since their last exposure to that case AND
- b. Presents clearance from a health care provider evaluation including a **negative** COVID-19 test AND
- c. The student has been symptom free for 24 hours without the use of medication.

Quarantine Exemptions for Individuals Exposed to COVID-19

Fully Vaccinated Student/Staff

Fully vaccinated people with no COVID-like symptoms do not need to quarantine or be restricted from work following an exposure to someone with suspected or confirmed COVID-19. However, they must follow the testing requirements as outlined under “Testing Requirements and Exemptions”. Fully vaccinated people should monitor for symptoms of COVID-19 for 14 days following an exposure, continue strict adherence to all recommended non-pharmaceutical interventions, including hand hygiene and the use of face coverings, and immediately self-isolate if any symptoms develop and contact the local public health authority or their health care provider to report this change in clinical status and determine if they should seek testing.

Recent Recovery from a Case of COVID-19

Asymptomatic individuals who have previously been diagnosed with laboratory confirmed COVID-19 and have since recovered, are not required to retest and quarantine within 3 months after the date of symptom onset from the initial SARS-CoV-2 infection or date of first positive diagnostic test if asymptomatic during illness.

Protocol for a Confirmed Case of COVID-19 on Site

Employees and families must immediately report any illness of employees or students to the school nurse **AND** COVID-19 Safety Coordinator on site.

In the event a confirmed case of COVID-19 is assessed or reported during the school day:

1. Administrative leadership will meet immediately to discuss the circumstances of the exposure and make a determination regarding dismissal and notification based on the guidelines outlined in this document.
2. All students and employees who were exposed to the confirmed case are considered close contacts and will need to stop work immediately based on the following guidelines:
 - a. Administration will contact parents/guardians to arrange pickup for students with close contact to the confirmed case.
 - b. Employees exposed will be notified with instructions on next steps or dismissed for the day based on job role and vaccination status to ensure enough employees remain on site to safely dismiss students.
 - c. Additional PPE will be provided to all employees while waiting for dismissal of students (gowns, gloves, face shields).

3. Areas used by the infected person may be closed off during school hours. This may include isolating or relocating students/employees until they are able to be dismissed when possible.
4. iHOPE will follow the “Protocol for School Closure due to a Confirmed Case of COVID-19 on Site” as outlined below only if it is deemed necessary based on community transmission.

Protocol for School Closure due to a Confirmed Case of COVID-19 on Site

Following the confirmation of **multiple confirmed** cases of COVID-19 on site within a 7-day period:

1. iHOPE will evaluate the need for a schoolwide closure based on the outcome of contact tracing efforts in conjunction with the NYSDOH.
2. In the event a schoolwide closure is determined, all students will transition to our remote learning program for 10 calendar days and proceed with testing of exposed individuals and monitoring of symptoms for all students and staff.

Communicating School Closure due to a Confirmed Case of COVID-19 on Site

1. Parent Communication
 - a. Families of students who are confirmed direct or proximate contacts of the positive case must receive a letter stating that their child has been in close contact with a COVID-19 positive individual; this letter gives clear direction to quarantine for 10 calendar days and outlines the ‘Guidance for Students’ as listed under ‘Protocol for Employees/Students Following COVID-19 Exposure or Infection’
 - b. Families of students who are not considered close contacts must receive a letter stating that there was a confirmed case of COVID-19 at the school but that their child is not considered a close contact therefore they can return to school.
2. Staff Communication
 - a. Employees who are confirmed direct or proximate contacts of the positive case must receive a letter stating that they have been in close contact with a COVID-19 positive individual; this letter gives clear direction to quarantine for 10 calendar days and outlines the ‘Guidance for Employees’ as listed under ‘Protocol for Employees/Students Following COVID-19 Exposure or Infection’
 - b. Employees who are not considered close contacts must receive a letter stating that there was a confirmed case of COVID-19 and they can return to school.

Returning to School After a Confirmed Case of COVID-19

When returning employees back to the school, diligence must be paid to the health and safety of employees and students, especially for those employees that previously tested positive for COVID-19 or had direct or proximate contact with a person with COVID-19 for a prolonged period of time.

All employees who had direct or proximate contact with a confirmed or suspected case of COVID-19 will be required to follow the “Protocol for Employees/Students Following COVID-19 Exposure or Infection” in order to maintain clearance to return to the school when the site has been

appropriately cleaned and disinfected. Once the areas used by the infected person have been appropriately cleaned and disinfected, they can be reopened for use.

Contact Tracing

The local and state government requires that schools enact a method of contact tracing. This means that iHOPE has a system to keep record of which employees each employee has interacted with on any given day. The purpose of contact tracing is to ensure that in the event that an employee becomes sick with COVID-19 or symptomatic, iHOPE would be able to alert any of the other employees that the sick employee came into contact with that they should monitor for symptoms themselves. It also helps inform iHOPE of what areas need to be deep cleaned, such as the person's desk. **Employees are therefore expected to keep a list of all employees they interacted with each day, preferably noting their daily schedule, using Outlook calendar or in a nightly email to themselves. This way, we will have daily records of employee interactions, which would only be requested should an employee become sick with COVID-19 or symptomatic.**

In compliance with New York state and federal regulations, if an employee tests positive for COVID-19, iHOPE will immediately notify state and local health departments and cooperate with contact tracing efforts, including notification of potential contacts, such as other employees who may have had close contact with the individual, while maintaining confidentiality required by state and federal law and regulations. In the event someone contracts COVID-19, a protocol will be triggered to notify all employees whom they have had contact with indicating that one of their coworkers whom they have encountered has contracted COVID-19.

The COVID-19 Safety Coordinator will notify NYSDOH indicating that you have contracted COVID-19 and someone will be in contact to ask who your direct and proximate contacts were in the last 48 hours.

Contacts are considered direct or proximate as follows:

- ❖ Direct contacts include:
 - People who were within 6 ft of a person displaying symptoms of COVID-19 or someone who has tested positive of COVID-19 for 15 minutes or more (such as being in the same room/car).
 - Direct contacts require mandatory quarantine of 10 calendar days unless they are exempt from quarantine as outlined under "Guidance for Employees/Students".
- ❖ Proximate contacts are defined as:
 - Proximate contacts are defined as being in the same enclosed environment such as a classroom, office, or gatherings but greater than 6 feet from a person displaying symptoms of COVID-19 or someone who has tested positive for COVID-19.
 - Proximate contacts require precautionary quarantine for 10 calendar days unless they are exempt from quarantine as outlined under "Guidance for Employees/Students".

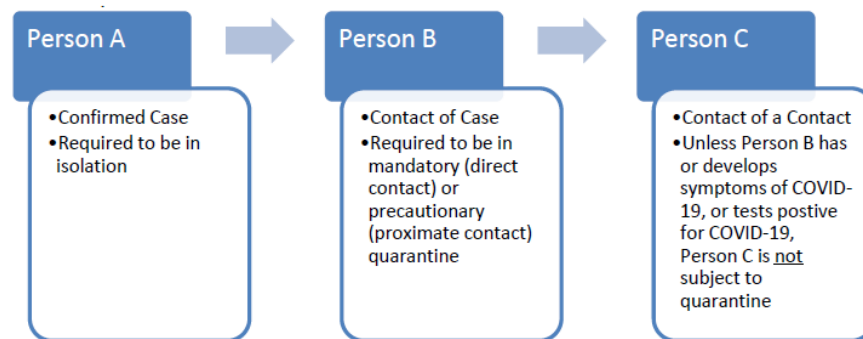
Contacts of a contact:

- ❖ Contacts of a contact are defined as being in contact with someone who has been confirmed a close or proximate contact of a positive case. Contacts of a contact do not need to quarantine if the exposed contact was asymptomatic (see below).

DOH Policy Guidance

Person A is diagnosed with laboratory-confirmed COVID-19. If Person B had contact, close or proximate, with Person A, Person B would be subject to mandatory quarantine (if close contact) or precautionary quarantine (if proximate contact).

Any individual (Person C) who is a contact of Person B (i.e. spouse, children, co-workers, etc.) is considered a “contact of a contact”. Person C is not at risk for infection and would not be subject to quarantine **unless** Person B had or developed symptoms, or tested positive for the virus causing COVID-19.



Emergency Drills

Emergency drills and trainings will continue to be conducted during in-person learning but will require students to maintain 3 feet of social distance. **Regardless of the modification used when conducting a drill, if an actual emergency that requires evacuation or lockdown occurs, the most imminent concern is to get to safety; maintaining social distancing in an actual emergency that requires evacuation or lockdown may not be possible and should not be the first priority.**

Employment

If an employee is sick

If an employee is sick (but not quarantined) and needs to take time off from work, the following options are available:

- ❖ Use accrued PTO to be paid at hourly rate for scheduled hours missed.
- ❖ If employees are out for more than 7 days, they may be eligible for disability insurance or FMLA for themselves.

After more than three consecutive days, your Supervisor may ask you for written documentation signed by a licensed health care provider confirming the need for sick leave taken. Contact the HR

Benefits team to discuss. If an employee is quarantined, please refer to the section below on precautionary and mandatory quarantine.

If an employee is caring for a sick or quarantined family member

If an employee must take time off from work to care for a sick or quarantined family member, the following options are available:

- ❖ Depending on employee's relationship to a sick family member and length of service at iHOPE, an employee may be eligible for Paid Family Leave (PFL) or FMLA. Contact the HR Benefits team for more information on leave eligibility.
- ❖ If employees are not eligible for NY PFL, they can use accrued time off to be paid at hourly rate for scheduled hours missed.

School and childcare provider closure

If an employee's child's school or childcare provider closes due to a public health emergency, the following options are available while taking time off from work to care for a child:

- ❖ Use accrued PTO to be paid at hourly rate for scheduled hours missed.
- ❖ Apply for the child to attend one of the Regional Education Centers provided at no cost by the NYC DOE for children of essential personnel.
- ❖ Employee may also be eligible for leave under state or federal laws, if applicable. For more information regarding eligibility for possible leave, please contact the HR Benefits team.

Precautionary and Mandatory Quarantine (Paid COVID Sick Leave)

In the event that an employee may be infected with COVID-19 and is put on precautionary or mandatory quarantine in accordance with government regulations, the employee must alert the Human Resources department and may be asked to provide a written document from a clinician or government official confirming that they are quarantined. If the employee is unable to work remotely due to illness, they will be placed on COVID paid sick leave once paid quarantine sick leave is approved by Human Resources. Employees can use the code COV19 in Workday for the approved number of days. Employees CANNOT use code COV19 unless they have been approved to do so by Human Resources.

While the employee is quarantined, they will receive COVID-19 paid sick leave for up to 14 calendar days, depending on the recommendation of the clinician or government official. COVID-19 paid sick leave will be paid at the employee's regular hourly rate. Upon completion of the quarantine or, in the event of an employee being infected with COVID-19, when the employee is in good health and not contagious, the employee must be cleared according to applicable guidelines as outlined under the section of this plan 'Protocol for Employees/Students Following COVID-19 Exposure or Infection'.

If an employee needs to remain on quarantine beyond 14 calendar days, they may be able to utilize disability insurance or other leaves, if eligible. Employees should contact the HR Benefits team for more information on leave eligibility at hrleaves@yai.org.

Employees must complete an on-the-job injury form & COVID paid sick leave questionnaire with HR leaves to apply for COVID paid sick leave. When resuming work, they need to sign a return to work attestation.

COVID-19 Travel Advisory

Per the NYSDOH website: As of June 25, 2021, the New York State Travel Advisory is no longer in effect. As such, travelers arriving in New York are no longer required to submit traveler health forms. All travelers, [domestic](#) and [international](#), should continue to follow all CDC travel requirements.

It is a requirement that ALL employees planning to travel internationally notify their supervisor via written email. This will enable iHOPE to review up to date guidance for the location of travel and minimize risk for our colleagues and the students we support. Employees who lose time from work due to travel related restrictions will need to contact Human Resources regarding next steps.

Employee Assistance Program (EAP)

iHOPE employees can receive counseling and referrals on a wide range of topics including childcare, mental health, and financial planning using our EAP. These services are provided at little or no cost through National EAP. For more information visit www.nationaleap.com or call 1.800.624.2593.

Daily Operations

Transportation

The Office of Pupil Transportation (OPT) will be providing transportation services for iHOPE students. iHOPE in conjunction with OPT will ensure all bus companies servicing the school are provided with appropriate guidance to ensure cleaning, disinfection and use of personal protective equipment while in transit.

Transportation Responsibilities of Parents

Parents are expected to comply with the public health practices that OPT puts in place for transporting special education students in addition to iHOPE's practices as outlined in this plan. This includes screening their children prior to boarding a bus to make certain that their child is well enough to board a bus and attend school, which may include temperature checks as needed. Bus personnel will not be administering screening prior to buses being boarded.

Parents are also advised to provide written documentation to OPT & their bus company if their child cannot safely wear a mask while in transit if they are not able to medically tolerate a mask or if they are unable to remove the mask without assistance.

iHOPE Administration will inform parents if they have any responsibility communicating with OPT about the days their child will be at school for in-person learning.

Transportation Paraprofessionals and Nurses

Transportation Paraprofessionals and Nurses will not be permitted to enter the building beyond the waiting area. Students should be brought to the lobby or downstairs by an iHOPE employee to meet with the travel paraprofessional. Per DOE policy all transportation paraprofessionals are testing weekly for COVID-19 if they are not fully vaccinated. Administrators assigned to transportation duties will be responsible for coordinating pickups with Travel Paraprofessionals and Nurses who are outside the building.

School Visitors

All visitors must be approved by Department Director and entered into Visitor's Calendar by Department Director. As of September 9th: All visitors to iHOPE will be required to show proof of Covid-19 vaccination, or a negative PCR test result from within the past 72 hours.

Approved visitors will be given a disposable visitor's ID, provided a face covering if needed and be asked to wait in the reception area until called back for their appointment. All visitors must be escorted to and from their designated meeting area, in order to prevent visitors from accessing unauthorized areas, limiting the possibility of exposure.

Visitors under the age of 12 or who are on site for routine maintenance are exempt from providing proof of vaccination/testing results but must adhere to iHOPE's Face Mask policy.

Deliveries

A no-contact delivery drop off area will be designated in the downstairs lobby.

Neighborhood Outings

Neighborhood outings in the community will **resume**. Employees will need to maintain the school masking policy when outdoors. Please refer to our 'Neighborhood Walking Trips' policy below:

Students must have a parental consent form on file for neighborhood walking trips/activities. If the student/class will be going a distance greater than one square block (West to Adam Clayton Powell Boulevard, East to Malcom X Boulevard, North to W. 117th Street, South to W. 115th Street) an iHOPE Nurse must accompany the student/class. Therefore, please present request to nurse at least 24-hours in advance of outing.

Teachers/Therapist must complete a Neighborhood Outing Form, listing their contact information, destination, departure and return time.

Meetings

Meetings can be held in person when the conference room is booked in advance with reception. Additionally, department meetings can be held in person using shared office spaces. Due to the space constraints at iHOPE, virtual meetings will be utilized for all large group meetings. Please see calendar invites to determine the location of your meeting.

ACKNOWLEDGEMENT OF RECEIPT

I acknowledge that I have received a copy of iHOPE's Reopening Plan, September 2021 edition.

I agree to review the health and safety information contained in the plan to comply with all the requirements as part of my position of employment at iHOPE.

I understand that iHOPE has the maximum discretion as permitted by law to interpret, administer, change, or otherwise modify this plan at any time to maintain current guidelines as they are issued by the Center for Disease Control (CDC), Department of Health (DOH), and New York State Education Department (NYSED). No statement or representation by any employee can supplement or modify this guidance.

I understand that if I have any questions about any aspect of this document that I can speak to my direct supervisor, COVID-19 Safety Coordinator, Human Resources or YAI Chief Compliance and Ethics Officer.

I am aware that failing to comply with the mandatory safety guidelines as outlined in this document can lead to disciplinary action up to and including termination.

Employee Full Name

Signature

Date

EXHIBIT A: Remote Learning Program Description

Remote Learning Program Description

2021 – 2022 School Year



yai.org/iHOPE

101 W 116th St,
Second floor
New York, NY 10026
Tel 212.787.8315
Fax 212.787.1740

Revised: July 9, 2021

MISSION STATEMENT

The iHOPE school community strives to provide comprehensive services for our students, who present with a variety of diagnoses including Traumatic Brain Injury, Acquired Brain Injury, and other brain-based disorders. Our students participate in academic instruction with appropriate modification and adaptation, as well as therapeutic services, based upon a collaborative, researched-based model that integrates current technology. iHOPE is committed to learners with complex needs and to their social, emotional, adaptive and educational advancement. Accessibility and integration into the larger community are at the core of our belief system.

REMOTE LEARNING PROGRAM OVERVIEW

Based on the dynamic nature of local community transmission of the COVID-19 virus, The International Academy of Hope (iHOPE) has developed a hybrid learning model combining in-person instruction and remote/distance learning as may be necessary at various times through the 2021-2022 summer session.

This model is designed to provide necessary direct services as outlined on each student's Individualized Education Plan (IEP), while prioritizing the health and safety of students and employees in the space that we currently occupy.

Students will be assigned to a cohort and provided with in-person and distance learning on a rotating schedule. Based on current enrollment and physical space, there will be three cohorts of students receiving in-person services and one cohort of students receiving remote services only. For information regarding our in-person hybrid learning plans please review the [Reopening Plan](#) on our website, www.ihopenyc.org.

In light of our students' learning needs the school uses routines and platforms which students and their caregivers know. These platforms include but are not limited to:

- **Zoom;** A reliable cloud platform for video and audio conferencing, collaboration, chat, and webinars across mobile devices, desktops, telephones, and room systems. Zoom is used as a virtual meeting hub and virtual classroom. Zoom is also used for one-to-one tele-therapy and consultations for Physical Therapy, Occupational Therapy, Speech Therapy, Assistive Technology, Vision and Hearing Education. All of our Zoom sessions are password protected and require waiting rooms where the host must accept participants prior to entry for additional security.
- **E-Mail;** Current method of communication between school and student/parent.
- **Website;** A remote learning website has been created for parents to access information daily: www.iHOPEremote.org



Home Alester's Class Aruna's Class Eileen M.'s Class Gelayne's Class
Jennifer's Class Lindsey's Class Eileen N.'s Class Silvia's Class
Tova's Class Viki's Class Yalisa's Class -Hearing Education-
-Occupational Therapy- -Physical Therapy- -Speech Therapy-
-Vision Education- -Resources & Support- -Therapist's Zoom IDs-



Dear iHOPE Community, We are committed to supporting our students' education for the duration of the current pandemic. We have developed a hybrid learning model combining in-person instruction and remote/distance learning as may be necessary at various times throughout the 2021-2022 school year. **Please view our full Reopening Plan [here](#).**

NEWSLETTER: [English](#) / [Español](#)

If you need a Therapist's Zoom Meeting ID Please Visit: [Therapist's Zoom IDs & Links](#)

IMPORTANT UPDATES

[*Calendar by Cohort \(A&B\) July to August 2021](#)

[2021-2022 New Year Calendar](#)

[Sine Pro Check-in](#)

[Learn Sign Language](#)

[Parent Support Group Info](#)

Technology/Devices: Loaner communication devices and equipment are being made available to families. Students without devices or internet service at home were provided a donated i-PAD/Tablet and tech support from the iHOPE Administration. Ongoing tech support for hardware and devices is always available from our Assistive Technology Department.

Attendance: To ensure student participation attendance is taken daily. Participation is documented by teachers and related service providers after every Zoom session. In addition, those families who initially do not log in to online learning platforms are identified, contacted, and any issues are remedied if possible. This includes documenting cases of significant illness or other COVID-19 related difficulties hindering participation.

Nursing or Health Services: School Nurse regularly corresponds with families to check-in and review safety procedures and protocols for staying safe during the current COVID-19 crisis. School Nurse is also available for virtual consultations.

Tuition Policies: There have been no changes to our enrollment contracts, tuition policies or parent payment obligations during the period of COVID-19 closure.

EDUCATIONAL PROGRAM

iHOPE's remote educational program addresses both context and content. We focus on academic and social skills aligned with each student's Individualized Education Program (IEP), which is generated to meet student specific needs, learning style, and experience. Our program supports and promotes each student's development as part of our classroom and school community, and our remote program aims to sustain robust academic instruction while continuing to promote the student's experience as part of a social and emotional learning community. Remote class meetings throughout the day are designed to maintain the following social skills within an academic

setting: active participation among peers, use of communication access methods, self-expression, and conventional social discourse. Educators begin the academic day by acknowledging which students are present, providing an encouraging environment in which students feel welcome to express a range of emotions. By following a schedule based upon our in-school schedule, iHOPE teachers tailor their remote class meetings to introduce new academic concepts across the domains of literacy, math, science and social studies. At the end of the day, joyful full-community music sessions led by a special instruction teacher incorporate the use of symbols so that students have access to communication across educational domains.

Remote instruction methods include conventional resources, such as published and teacher-made books, media, and other printed materials, along with instructional methods specific to remote instruction such as visually adapted slide presentations, interactive remote screen-sharing, and virtual “blackboards”. Teachers make use of the home environment so that instruction is relevant and engaging. For example, the first day of a unit on health might include a teacher’s selection of healthy foods as a preview or model. Following that model, homework for thematic instruction supports family participation so that the student can identify thematically relevant and personally meaningful examples; finally, a student’s selection can be shared remotely with the class on a subsequent day. To the greatest degree possible materials are individualized based on student need, and, just as in the classroom, the setting is controlled for visual and/or sound distractors to increase student focus and engagement.

Our remote education program relies upon ongoing collaboration between teachers, speech therapists, occupational therapists, physical therapists, teachers of the visually impaired, hearing specialists, paraprofessionals, and families to best meet the individual needs of each student. Multi-disciplinary teams are at the core of iHOPE remote education. Weekly team meetings facilitate a trans-disciplinary approach; teachers and professionals meet remotely to discuss how students will explore, process, and communicate their responses to upcoming lessons. When a family’s circumstances are identified as a factor in attendance or participation, the teacher reaches out to our individuals from social work and administration departments who identify additional supports. Our team approach to remote teaching goes beyond text, pictures, and explanation to incorporate engagement, interaction, and initiative.

When there is active student engagement, shared remotely, teachers can continue to assess progress. Progress on IEP goals is tracked on a consistent basis through individualized teacher created data collection measures and it is then analyzed and reported quarterly. This allows teachers to consistently evaluate student progress and adjust instruction if necessary and appropriate.



ASSISTIVE TECHNOLOGY

The goal of Assistive Technology (AT) is to help individuals actively participate in everyday tasks in all environments including home. iHOPE's remote Assistive Technology services provide support to the students and their parents about how to use and implement students' AT at home. Despite the challenges, remote teaching and learning offers unique opportunities for home parent training. When school is in session, there is limited time for parent training, but the kind of contact facilitated by our remote program allows for more customized support for parents' efforts at home. During individual student remote sessions, our assistive technology specialist provides parent instruction and coaching one to two times each week. In addition, our AT specialist emails "how to" handouts, tips, and resource sheets for further guidance. The AT department also creates Accessible Educational Materials (AEM), such as PowerPoint books and alternative pencils, which are all accessible remotely.

Trans-disciplinary collaboration is a cornerstone of iHOPE's program; while working remotely, our AT specialist continues to collaborate with teachers, therapists, and staff. Finally, our AT specialist leads a weekly literacy group that supports school-wide and community-wide integration of assistive technology and literacy; the group available to the whole school community; topics include using accessible books and alternative pencils to support literacy.

HEARING EDUCATION

iHOPE's Hearing Education department incorporates many forms of sign language (American Sign Language (ASL) to Signed Exact English as well as tactile sign language) to meet the needs of our students who are deaf, have hearing challenges (wear hearing aids or have a cochlear implant) as well as those who are "hearing" but have difficulty processing and understanding spoken language. Our remote program aims to maintain similar supports, both when children attend remote classes, and by providing at-home guidance and training to family members and other caregivers. Because incorporating sign language with spoken language gives the child the ability to "see" what is being taught, sign language is a valuable tool for remote learning. Therefore, our hearing educator works with teachers planning lessons to buttress visuals, text, and explanation with core signs so that sign language in conjunction with the spoken word can help the child process information more effectively, and comprehend, retain, retrieve, and demonstrate what they have learned.

At iHOPE we understand that a language-rich environment supports learning to communicate; we therefore make sign language an intrinsic part of how we communicate within our community. Once a week our hearing specialist offers a remote sign language for all session, which is open to children, families and staff who will use sign language to support teaching and learning. In addition, during one-to-one sessions with children who have hearing on their IEPs, we provide more intensive sign language instruction, which is paired with classroom instruction. We use sign language to help our students to develop language, communicate, use their assistive technology devices, socialize, and achieve their educational goals. Our remote sign language program amplifies the voices of iHOPE students with severe multiple challenges who are non-verbal, reinforcing a pathway for social connection and learning.

Our remote program reflects the values and approaches embraced by the Hearing Education department: all students can learn; our job is to build upon each student's foundational communication skills; the key to teaching is finding what motivates and interests each child. Our hearing department then incorporates the tools such as "sign language" to help our children achieve their best!

OCCUPATIONAL THERAPY

Occupational Therapists (OTs) providing tele-therapy services at iHOPE employ a variety of access mediums, so they can effectively meet the needs of the families. Despite the variety, the OT objective for our remote sessions, which include both the student and their caregiver, remains consistent: to work on increasing the

quality, independence and consistency of student participation daily activities. These activities include self-care skills such as feeding, dressing, washing hands and face, brushing teeth, bathing and toileting; academic related skills for literacy, art, math and science; age appropriate leisure and play and prevocational/community-based activities.

While working remotely, our licensed OTs use a variety of methods to increase student participation, coaching, guiding, and consulting with family members and caregivers. For example, OTs coach the parent to do activities remediating underlying physical skills such as strength, range of motion, balance, handling and manipulation of objects, etc. Similarly, when iHOPE is working remotely with adult caregivers, OTs may guide the caregiver and student through therapeutic activities that support skill building or OTs may work on organizational skills such as attending to the task at hand, heeding directions, choosing and using materials appropriately, sequencing steps, etc. During tele-therapy sessions, OTs may also teach compensatory strategies to do activities in a manner that better matches the student's skills. Working remotely, OTs also may consult with the teacher or parent to modify activities or consult on changing the environment so that the student may more effectively participate. OTs frequently consult with and teach caregivers how to don/doff orthotics such as Benik hand splints and TLSOs or postural supports such Benik, Spio or Theratogs, how to safely use adaptive equipment, assistive technology and how to safely position students in the home for a variety of activities, including supporting on-line learning.

Working remotely in the home environment provides a unique opportunity to facilitate carry-over of skills outside of the context of the school.

PHYSICAL THERAPY

As part of iHOPE's remote program, Physical Therapists (PTs) provide tele-therapy services through video conferencing. During video-guided sessions, while students are in the comfort of their own home, PTs promote mobility and proper positioning to prevent muscle tightness, contracture, weakness and overall regression of gross motor skills. Individualized one-to-one video guided sessions are facilitated in real-time by licensed physical therapists so that parents and caregivers can safely carry out therapeutic exercises. Sessions are geared to help parents facilitate active/passive range of motion (including hand placement, direction of movement and limitation of movement based on individual student) and strengthening exercises. Individualized tele-therapy sessions also provide an opportunity for parents to consult with their therapists any concerns regarding their child's gross motor skills and discuss activities that can safely be done in the home. Sessions are also geared towards providing education regarding proper positioning of children using their home equipment like wheelchairs, beds, standers, gait trainers, activity chairs and adaptive tricycles. Parents and caregivers are also given directions on proper donning/doffing of orthotics including but not limited to ankle foot orthoses, spinal braces and spio or benik vests.

SPEECH AND LANGUAGE

While working through iHOPE's remote program, speech language pathologists (SLPs) remain engaged with all aspects of language development and communication. At iHOPE, we believe that each child has a right to communicate. We therefore employ our expertise in the customization of speech generating Alternative and Augmentative Communication (AAC) devices so that every iHOPE student can exercise these rights by having access to the individualized AAC program required to meet their communication and academic needs. The remote learning program offers a unique opportunity to work with the student and their family and/or caregiver on enhancing communication skills not only for academic instruction, but also for communicating wants and needs in their daily life.

iHOPE SLP tele-therapy sessions conducted remotely are in line with New York State tele-therapy guidelines. During remote sessions the SLPs implement creative communication plans to promote using low, mid and high technology AAC to expand each student's communication skills in line with their IEP goals. Remote tele-therapy activities engage students and caregivers through the use of CORE WORDS, which are frequently used

words, such as “go”, “more”, “all done”, and embed rich literacy activities to foster communication. To make the remote sessions meaningful we aim to work closely with parent and/or caregiver to use materials and topics that are relevant to the student and their family. Oral motor and feeding development is another area targeted through remote learning. Though SLPs routinely provide oral motor and feeding therapy in the school setting, remote sessions permit SLPs to coach family members and caregivers on safe swallowing techniques; during remote sessions SLPs can also discuss food modification, positioning, feeding techniques, and increasing oral motor skills with the parent and/or caregiver.

VISION EDUCATION

Students at iHOPE who receive vision education services are diagnosed with a range of visual impairments, including Cortical Visual Impairment (CVI), stemming from their traumatic brain injuries, as well as ocular impairments. Each student at iHOPE who receives vision education services works with a licensed teacher of the visually impaired (TVI) through individual remote video-conferencing as well as in group sessions with the TVI acting as a facilitator to ensure full access and accessibility in online settings. Individual one-to-one sessions address the student’s vision goals, including improving functional vision, increasing opportunities for visual input throughout the day, as well as working on compensatory skills and strategies. iHOPE’s TVIs encourage, teach, and foster skills specifically tailored to each child’s visual impairment. Students learn how to explore and experience their environment through various sensory modalities (visually, auditory, and tactually). TVIs also work closely with parents in order to ensure carryover of vision-specific skills in the home environment.

During remote consultations, parents and caregivers receive training on their children’s specific visual diagnosis, as well as how to modify their home and materials to best meet each child’s needs. Trans-disciplinary collaboration is a cornerstone of iHOPE’s program; the TVI serves as the vision expert and coordinator for the teachers, therapists, and paraprofessionals. Along with working on CVI and ocular related goals, virtual student-specific curriculum and materials are adapted through collaboration with each student’s classroom teacher. While working remotely, the TVI continues to conduct informal online assessments, which determine the students’ abilities and needs for the remote learning program, as well as goals for the next school year.

SOCIAL WORK SERVICES

iHOPE’s social workers perform a variety of services as part of our remote school program. Support and individual counseling, parent counseling and training, and group counseling, are available to all families. Crisis intervention services are also provided when necessary. Social workers will assist families in obtaining information about COVID-19 resources, as well as make referrals to outside agencies.

Social workers also support the development of Social Emotional Learning (SEL) for families and staff members. The social work mission at iHOPE requires practitioners to enhance well-being and empower those who are most vulnerable.


PARAPROFESSIONAL SUPPORT

1:1 Paraprofessional service is offered for iHOPE students who require support in completing all of their learning and instructional activities.

The 1:1 paraprofessional is also responsible for supporting students as they work to achieve the goals set by the teacher and related service team (i.e. Physical, Occupational, Speech, Vision, Hearing therapies and Assistive Technology). The 1:1 paraprofessional assists in the implementation of the students' Individualized Education Plan (IEP) at the discretion and direction of the teacher and therapists. The 1:1 paraprofessional provides support for the student inside and outside of the classroom in order to enable full participation in school activities. Essential functions of the 1:1 paraprofessional’s job include, but are not limited to, supporting throughout live and remote academic instruction/assignments under the supervision of the classroom teacher,

assisting therapists with related service sessions, transferring and/or positioning throughout the day (for example, in/out of the wheelchair or classroom chair when transitioning between activities), feeding, toileting, and ensuring that equipment and supplies are kept neat and clean throughout the day.

SAMPLE STUDENT SCHEDULE

					
2021-2022 School Year					
IN-PERSON/REMOTE LEARNING SCHEDULE					
Classroom Teacher:	Class #:	Classroom Ratio:			
Time	MONDAY	TUESDAY	WEDNESDAY	THURSDAY	FRIDAY
9:00 - 10:00	Daily Prep (School/Home): Breakfast / Daily Preview / Self-Care				
10:00 - 11:00	Morning Meeting: Literacy				
11:00 - 12:00	Literacy Across the Content Areas: Social Studies	Movement	Social Studies / Literacy	Art	Social Studies / Literacy
12:00 - 1:00	Break/Lunch (School/Home)				
1:00 - 2:00	Math	Science (Reading Avenues)	Math	Science (Reading Avenues)	Math
2:00 - 3:00	Afternoon Meeting: Literacy	Afternoon Meeting: Literacy	Afternoon Meeting: Science (Reading Avenues)	Afternoon Meeting: Literacy	Literacy Fun with Gretchen - Zoom Link: https://us02web.zoom.us/j/3032697139
3:00 - 4:00	Music Therapy with Tira Zoom Link: https://zoom.us/j/169618138				
4:00 - 4:15	Daily Review (School/Home): Communication Activity / ADL Skills / Teacher Office Hours				

- **LITERACY ACROSS THE CONTENT AREAS:** Comprehension instruction, reading with a purpose, shared reading, writing, alphabetic, and phonological awareness
- **MATH:** Foundations (colors, shapes, sizes, quantity, i.e. more/less); numbers, counting, number object correspondence, measurement, operations (adding and subtraction); descriptive language
- **SCIENCE:** Reading a chart, reading a diagram, scientific content (Reading Avenues); making predictions, experiments. Reading Avenues content: Animals, Plants, Land and Water, Weather, Solar System, Habitats.
- **SOCIAL STUDIES:** Reading a timeline (history); biographical studies (setting time and place); mapping. Reading Avenues content: Transportation and Community.