



Reopening Plan for

2020-2021

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On behalf of The Norman Howard School
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Introduction and Background

The Norman Howard School (NHS) is a small, non-public school for students in Grades 5 through 12 in Rochester, NY. We have prepared this comprehensive plan for reopening in compliance with the New York State Education Department and Department of Health standards for the year 2020-21. As a state approved 12:1:1 placement for students with disabilities, we traditionally have small class sizes and we feel we are in a good position to address the needs of families, students, and faculty for the coming year. Our focus on meeting the developmental and academic needs of the child, addressing body, mind, and spirit has never seemed more important than now. While there are certainly challenges ahead, we are ready to meet them by employing a straightforward, common-sense model of risk reduction and tailored learning programs.

This document is broken down into two major sections for easy reference: Health and Safety, and Pedagogical Planning. Questions on Health and Safety can be directed to Jennifer Baker, Director of Students (jbaker@normanhoward.org). Questions on Pedagogical Planning can be directed to Rosemary Hodges, Director of Education (rhodges@normanhoward.org)

Jennifer Baker will serve as COVID-19 Coordinator for The Norman Howard School

This report will be posted on our public website www.normanhoward.org

Section 1: Communication/Family and Community Engagement

The Norman Howard School maintains a healthy dialogue with its constituency and will leverage all of our usual communication methods to message out our reopening plans, as well as safety information pertaining to mitigating the risk of COVID-19 infection. In addition to our website, we send out email updates, make phone calls, and use both Instagram and Facebook to reach our families. Every student is also assigned an advisor. The student begins and ends the day with that teacher. The advisor becomes another main point of contact between the school and family. The advisor communicates, at minimum twice a month with the family, using its preferred method.

This report was produced after surveying our families regarding programming, health and safety concerns, and meetings with faculty, staff, and administrators.

Specifically, we will:

- Publish our reopening plans on our website, in newsletters and update these as they evolve (www.normanhoward.org)
- Provide resources, education, and signage on COVID-19 prevention and safety, including information on CDC and DOH COVID-19 guidelines
- Train students and faculty in how to follow COVID-19 prevention protocols safely and correctly, including but not limited to hand hygiene, proper face covering-wearing, social distancing, and respiratory hygiene
- Use verbal and written communication (e.g., signage and website posting) to encourage all students, faculty, staff, and visitors to adhere to CDC and DOH guidance regarding room capacity and the use of PPE, specifically acceptable face coverings, when social distance cannot be maintained
- We will communicate with stakeholders via email, MyNHS, website, Remind app.

Section 2: Health and Safety

Based on our small school population and faculty size, we feel that we can support in person instruction in the building. The school engaged with school stakeholders and community members when developing reopening plans. We will communicate with stakeholders via email, MyNHS, websites, Remind app.

Admittance to the Building

For the safety of our students and faculty (including staff and administration), only employees and students will be permitted to enter the building, daily. Non-student family members, vendors, contractors, or other individuals will be permitted entrance on an as-needed basis. We will communicate with stakeholders via email, MyNHS, website, Remind app.

Health Checks

Written protocol will be shared with the faculty in collaboration with the school nurse to instruct staff on the signs of illness in students and staff and requires symptomatic persons to be sent to the school nurse.

Mandatory Daily Online Screenings

For those entering the building, including students, faculty, staff, and where applicable, contractors, vendors, and visitors, NHS will implement mandatory health screening to identify any individuals who may have COVID-19, display symptoms or who may have been exposed to the COVID-19 virus.

Students and staff will be instructed to take their temperatures at home. Visitors entering the building must have their temperature checked before they enter the building each day. Anyone who cannot produce documentation that a temperature was taken at home, will have his/her temperature taken at school before entry is gained.

If an individual presents a temperature of greater than 100.0°F, the individual will be denied entry into the facility, or sent directly to a dedicated area prior to being picked up or otherwise sent home.

Our screening program will have the following components:

- A questionnaire filled out before leaving for school. Staff will be required to complete this daily, students will complete once a week.
 - For faculty and other adults, the questionnaire will provide a short list of *adult-specific* symptoms or situations that might indicate a COVID-19 + status, and the individual will certify whether or not any apply to them that morning. The short list of symptoms/conditions in the questionnaire will include (but is not limited to):
 - Having knowingly been in close or proximate contact in the past 14 days with anyone who has tested positive through a diagnostic test for COVID-19 or who has or had symptoms of COVID-19;
 - Having tested positive through a diagnostic test for COVID-19 in the past 14 days;
 - Having experienced any symptoms of COVID-19, including a temperature of greater than 100.0°F, in the past 14 days;
 - Fever
 - Cough
 - Shortness of breath
 - Fatigue
 - Body aches
 - Headaches
 - New loss of smell/taste
 - Sore throat
 - Congestion/running nose
 - Nausea
 - Diarrhea

- Having traveled internationally or from a state with widespread community transmission of COVID-19 per the New York State Travel Advisory in the past 14 days.
 - For students, the questionnaire will provide a short list of symptoms or situations that might indicate a COVID+ status, similar to the ones outlined above, but also including some *child-specific* symptoms. Students may fill it out themselves. In the case of younger students, the individual's parents or guardians will certify whether or not any of the listed symptoms/conditions apply
 - These forms will be updated periodically to make sure they reflect any updated understandings of the Covid-19 as expressed by the CDC and/or DOH
 - The school will not retain individual medical or health information from this online questionnaire. Only the “clear/not clear” status of the individual as determined by the questionnaire will be available to the school or kept on file.
- A daily greeting at the door (buzzer) from a staff member will ask visitors to complete a paper questionnaire. Prior to entering, a “clear” must be attained to move on to the temperature check. The greeter will also have a handheld non-invasive thermometer with which to take the individual’s temperature on the spot to make sure that aspect of the form is filled out
- An immediate review each morning of all the data from the forms by the staff responsible for attendance, including follow-up calls to families of children who are not in school that day if those families have not already submitted their daily form. In the case of children who have stayed home, the follow-up call will include a reminder that any child presenting with a fever of 100.0°F or above must follow the return to school protocol listed later in this document
- Reporting of any “not clear” statuses (of children who have been turned away or have stayed home) to the school nurse and/or Co-Heads for follow-up according to DOH guidelines
- Policies will be developed and communicated regarding how the school will provide accommodations for students and staff who are at high risk or live with a person at high risk. The requests for reasonable accommodations will be evaluated individually in compliance with NYSDOH and NYSED.

Positive Screens

Any individual who screens positive for COVID-19 exposure or symptoms, if screened at the school, will immediately be isolated and sent home with instructions to contact a health care provider. Students who are being sent home because of a positive screen (e.g., onset of COVID-19 symptoms) will be immediately separated from other students and supervised in a safe, contained area until their parent/legal guardian or emergency contact can retrieve them from school. The nurse and student will meet the family at the front door with the student with the next steps directions explained again. When possible, the school nurse will provide such individuals (or their families) with information on health care and testing resources. The school will immediately notify the state and local health department about the case if the individual's diagnostic test results are positive for COVID-19.

If an individual's responses to any of the aforementioned screening questions changes, such as if they begin to experience symptoms, including during or outside of school hours, they must report immediately to the nurse's office for follow-up. Teachers will receive training prior to the start of the school year in how to identify pediatric symptoms of Covid-19, and will refer any students they see exhibiting such symptoms to the nurse.

NHS will follow the local DOH requirements for determining when individuals, particularly students, who screened positive for COVID-19 symptoms can return to the in-person learning environment. At a minimum, a return to school will require documentation from a health care provider evaluation, negative COVID-19 testing, and symptom resolution.

Protections for Individuals Conducting Screenings

NHS will ensure that any personnel performing in-person screening activities, including temperature checks, is appropriately protected from exposure to potentially infectious individuals entering the facilities. Personnel performing screening activities will be trained by individuals (identified and approved by NHS) who are familiar with CDC, DOH, and OSHA protocols.

Screeners and/or Nurse will be provided and use PPE, which could include a mask, gloves, a gown, and/or a face shield.

Staff and Student Testing

Following strong recommendations by the CDC and NYSED, NHS does not require routine mandatory COVID-19 testing or antibody testing of students, faculty, or staff as a screening mechanism. The decision of whether a test needs to be conducted should only be determined by a healthcare provider or the local department of health. NHS may, however, require testing to prove that an individual who has previously tested positive for COVID-19 while at school is “clear” to return to the building.

Management of Ill Persons

NHS has developed protocols for caring for a student, faculty, or staff member who develops COVID-19 symptoms during the school day. These protocols include:

- A dedicated area to isolate students, faculty, or staff with symptoms of COVID-19 from others until they can go home or to a healthcare facility, depending on severity of illness
- Plans to ensure that symptomatic students who are waiting to be picked up remain under the visual supervision of a staff member who is socially distanced
- PPE requirements for school nurse caring for sick individuals, which include both standard and transmission-based precautions. When Rochester has moderate to substantial community transmission, eye protection (i.e., goggles or face shield) may be added. When caring for a suspect or confirmed individual with COVID-19, gloves, a gown, and a fit-tested N-95 respirator should be used, if available (or surgical face mask and face shield, if not available), as well as eye protection
- Cleaning and disinfection as specified by CDC guidelines
- Development of protocols to care for students with asthma that reduce the need for nebulizers or suction, or make provision for the use of these items in a safe location, since they are aerosol-generating procedures.

Immediate Response and Cleaning Protocols

If COVID-19 cases are discovered at school, the immediate response will include closing off areas or classes where individuals were infected and engaging in a process of “deep cleaning” either in the affected area, portions of the school, or more broadly the entire school, as determined in consultation with DOH guidelines or conversations with our local DOH contact.

We may choose to modify operations prior to instituting school-wide closures to help mitigate a rise in cases.

Contact Tracing Support

In the case of an individual testing positive, NHS is required by NY State to support the DOH in tracing all contacts of the individual, in accordance with the protocols, training, and tools provided through the New York State Contact Tracing Program. Confidentiality will be maintained as required by federal and state law and regulations. NHS is also required by law to cooperate with state and local health department isolation and quarantine efforts. State and local health departments will implement monitoring and movement restrictions of COVID-19 infected or exposed persons. Please note that medical privacy laws explicitly prohibit NHS from revealing the name of the individual who has tested positive for COVID-19. We may only reveal that the student or faculty member has come in close or proximate contact with an unnamed person, and how we came to know this information (school tracking systems, governmental contact tracing, or another mechanism).

Returns to School

If a person **is not** diagnosed by a healthcare provider (physician, nurse practitioner, or physician assistant) with COVID-19 they can return to school:

- Once there is no fever, without the use of fever reducing medicines, and they have felt well for 24 hours;
- If they have been diagnosed with another condition and have a healthcare provider written note stating they are clear to return to school.

If a person **is** diagnosed with COVID-19 by a healthcare provider based on a test or their symptoms, or does not get a COVID-19 test but has had symptoms, they should not be at school and should stay at home until:

- It has been at least ten days since the individual first had symptoms;
- It has been at least three days since the individual has had a fever (without using fever reducing medicine); and
- It has been at least three days since the individual's symptoms improved,

including cough and shortness of breath.

Face Coverings and Personal Protection Equipment (PPE)

Who Must Where Them and When

All persons in the building should wear masks. This applies to all students, faculty, staff, and any other individuals in the building.

Exceptions to general mask-wearing are outlined below.

- Students will be given “mask breaks” at the discretion of the teacher. Teachers will provide quiet areas in the classroom or a designated area where students may socially distance themselves from others while taking a break from mask-wearing
- Students playing games considered “high risk” as defined by the DOH guidelines (e.g. contact sports) must wear masks even when outside
- When faculty and staff are alone in their classrooms they do not need to wear masks
- A person who is having difficulty breathing should immediately be given a mask break and if the difficulty continues, be evaluated by the nurse
- A person may remove his/her mask to eat provided that it is done in an area of the school determined to have appropriate social distancing during mealtimes
- If a student’s IEP indicates no mask wearing, the IEP must be followed.

PPE supplies will be monitored, purchased and maintained by our Operations Coordinator.

General Guidelines

Acceptable face coverings for COVID-19 **include, but are not limited to cloth-based face coverings (e.g., homemade sewn, quick cut) and surgical masks that cover both the mouth and nose.** Face shields worn without other face coverings are not considered adequate protection against COVID-19 and should not be used except in combination with an acceptable mask.

Faculty and students may use 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/staff (e.g., hearing impaired) who benefit from being able to see more of the face of the faculty or staff member.

For nursing staff engaged in workplace activities that require a higher degree of protection due to the nature of the work (e.g. health screenings, nurse's office work), as needed, N-95 masks, or other PPE used under existing industry standards will be used, in accordance with OSHA guidelines.

Provision of Masks

Each family is encouraged to purchase or make five cloth face masks (one for each day of the week) per child to reduce environmental waste. Face masks should be labeled with the child's name or initials, so it is clear to whom the mask belongs.

For children who forget their masks, the school will have a supply of disposable surgical masks on hand that community members can use at no charge.

Face masks should be washed, disinfected, or replaced after each day's use and must not be shared. Students and families should take responsibility for maintaining their individual face coverings. The CDC provides guidance on its website for additional information on cloth face coverings and other types of PPE, as well as instructions on use and cleaning.

NHS will provide all students and faculty with training on how to adequately put on, take off, clean (as applicable), and discard PPE, including face masks.

Hygiene

Handwashing

NHS follows all hygiene requirements as advised by the CDC and DOH. These include:

- Training all students, faculty, and staff on proper hand and respiratory hygiene, including providing information to families and guardians on ways to reinforce this at home. There will be signage throughout the building to support this effort
- Creating extra time in the schedule for handwashing, especially after restroom breaks, recess, using shared equipment, or other higher risk activities

- Creating extra hand hygiene stations around the school that have soap, running warm water, and disposable paper towels
- Installing hand sanitizer dispensers filled with at least 60% alcohol-based sanitizer for areas where handwashing is impractical
- Providing approved cleaning products in common areas or near shared workplace items (copy machines, computers).

Parents who do not wish their child to use hand sanitizer should inform the school nurse in writing, and provision will be made for the child to use a handwashing station instead.

Cleaning and Disinfection

The school's custodial staff is primarily responsible for cleaning and disinfection. A comprehensive COVID-19-specific cleaning plan per State and CDC guidelines has been developed for the school and is available through Education Success Foundation, our parent organization. Per CDC and DOH guidelines, custodial staff will keep logs that include the date, time, and scope of custodial cleaning and disinfection.

In addition to the work of the custodial staff, classrooms and common areas will be stocked with CDC-approved disinfectant spray so that students and teachers can also contribute to cleaning efforts at periodic intervals during the day. Extra time has been built into the schedule for hygiene maintenance--both handwashing and the disinfection/cleaning of surfaces.

In addition to these measures, the following extra steps will be taken in classrooms, offices and common areas:

- Touch-free amenities, such as water bottle filling stations and paper towel dispensers have been installed where feasible. Students, faculty, and staff are encouraged to bring their own labeled water bottles for refilling
- The school will minimize shared use of tables, chairs, equipment and when this is not possible will be cleaned and disinfected between each class' use. Such cleaning will be the responsibility of the teachers involved in supervising the cohorts
- Children will each have their own personal classroom supplies (pens, pencils, paper, etc) that they will draw from rather than using common materials. Each child's supply will be labeled and stored either in a desk, individual file, or other method that ensures separation of materials

- Materials and tools used by staff or employees are regularly cleaned and disinfected using registered disinfectants. If cleaning or disinfection products or the act of cleaning and disinfection causes safety hazards or degrades the material or machinery, NHS will supply disposable gloves and/or place limitations on the number of employees using such machinery
- Custodial staff will keep logs that include the date, time, and scope of custodial cleaning and disinfection.

Section 3: Facilities

Utilization of Space

NHS is fortunate to be housed in a building with ample space both indoors and out. In these existing spaces, we are making sure they conform to Monroe County DOH guidelines for capacity, and increased air flow, as possible. In addition to the existing interior spaces, we will encourage outdoor classes. Our grounds include an outdoor amphitheater, stone garden, multiple picnic areas, and other green spaces. No new spaces have been created or repurposed. No waivers were needed.

NHS will establish designated areas for pickups and deliveries, limiting contact to the extent possible.

Lockers will not be used at the beginning of the school year. Students will be allowed to carry backpacks with supplies in them.

Signage will be posted throughout the building to inform people: to use soap and water if hands are visibly dirty; to follow social distancing guidelines; of hand and respiratory hygiene; proper mask-wearing, etc.

Restrooms

- Restrooms designed for multiple people will have signage demarking the maximum room capacity
- Restrooms will be cleaned and disinfected frequently during the day, following recommendations established by the DOH

Cleaning and Disinfection After a Suspected or Confirmed COVID-19 Case

In the event an individual at the school is suspected or confirmed to have COVID-19, NHS will immediately:

- Close off areas used by the person who is suspected or confirmed to have COVID-19
- Open outside doors and windows to increase air circulation in the area
- Wait 24 hours before cleaning and disinfecting. If waiting 24 hours is not feasible, we will wait as long as possible to allow aerosolized particles to settle

- Clean and disinfect all areas used by the person suspected or confirmed to have COVID-19, such as offices, classrooms, bathrooms, lockers, and common areas
- Reopen the area once it has been appropriately cleaned and disinfected.

If more than seven days have passed since the person who is suspected or confirmed to have COVID-19 visited or used the facility, additional cleaning and disinfection is not necessary, but routine cleaning and disinfection should continue.

Social Distancing

NHS will strive to maintain appropriate social distancing (generally 6 feet) between all individuals while in school facilities and on school grounds, unless safety or the core activity (e.g., instruction, moving equipment, using an elevator, traveling in common areas) requires a shorter distance or individuals are of the same household. Mask-wearing will also help address cases where six feet of distance cannot be maintained.

Creation of Cohorts

NHS has always valued our small class sizes. Student cohorts will be created by grade level (current max, 20 students) for core classes (excluding math and reading). Due to our students' learning needs, our math and reading classes are scheduled based current skill levels. These classes may mix students from one or more grades.

Space Configurations

Space configurations and usage will change for the duration of the COVID-19 period. Some of the changes include:

Classrooms

- Classroom assignments will be based upon class size, room capacity, and cohorts
- Desks moved to be as distant as possible, and all facing one direction so that students sit side-to-side rather than facing one another
- Shared surfaces or workstations will be disinfected between student uses
- Use of outdoor classroom spaces will be maximized
- Increased use of large gathering spaces (theater, multi-purpose room, gymnasium, and main vestibule)

Common Areas

- Students will be encouraged to eat in available outdoor spaces whenever possible
- The Library will be closed to student traffic until further notice. Instead, we will provide alternate ways of browsing through the use of “library requests”. Books will be wiped down after an individual uses them.

Safety Drills

NHS maintains an internal guide for conducting drills entitled “Best Practices for Conducting Emergency Safety Drills.” This will be reviewed and updated before the start of the 2020-21 school year to take into account social distancing requirements by, for instance, indicating that students and faculty are to maintain a distance of six feet when they gather on the sidewalks outside for our head count, and by reviewing where each class should gather in order to preserve maximum distance.

Ventilation and Plumbing

In areas with more limited air circulation, we will open doors and windows as we are able.

Air filters in our building will be upgraded from MERV 8s to MERV 13s.

We will begin using sinks in classrooms, the teacher’s lounge, as well as the two sets of existing (and newly remodeled) student bathrooms.

Staff will continue to use the faculty restroom. All restrooms will be marked with capacity indicators.

Section 4: Child Nutrition

NHS is not a School Food Authority, nor does it have a hot lunch program. Students will continue to bring lunch from home. Students will eat in their classrooms, supervised by a teacher while maintaining social distance from others while seated at their desks. This coming year, the following adjustments will be made to our normal lunchtime routines.

Teachers and students will:

- Wash hands before eating
- Sit a minimum of six feet apart while eating
- Eat outside whenever possible
- Refrain from sharing food of any kind with each other
- Disinfect the tables after students finish their lunch
- No food/snacks will be sold until further notice
- Notify families regarding food allergies within a cohort.
- The kitchen at NHS has a capacity of 3 people. Students will not have access to a refrigerator or microwaves until further notice.

Section 5: Transportation

The Norman Howard School does not transport students to and from home daily.

NYSED guidance states that public school districts must continue transporting students to non-public schools as they normally would.

Section 6: Social-Emotional Well-Being

To quote the NY State Education Department, “Social emotional well-being must be schools’ and districts’ top priority in supporting school transitions, not at the expense of academics, but in order to create the mental, social, and emotional space for academic learning to occur.” To that end, NHS is supporting students during this COVID-19 period in many different ways.

Support Team

NHS has a strong Support System in place. It begins with the advisor, who knows the families and students well. Trust is actively cultivated through emails, frequent parent meetings, and a close relationship with each student—all possible because of our small class sizes and strong community.

In addition to the advisor, the school is also served by two social workers (school counselors) who are available to students, families, and teachers. Certain students also require mandated counseling through their IEP/IESP provisions. The Norman Howard School has an open-door policy and administrators are available to students, as needed. Students always have access to our mental health team, even students without mandated services. In addition, our mental health and speech-language teams provide explicit instruction in Social Thinking using Michelle Garcia Winner’s model/curriculum.

Curricular Programs

We have a strong Social-Emotional Learning support program. Social Thinking is a treatment framework and methodology created by Michelle Garcia Winner for students who present with challenges in their ability to attend to, interpret, problem solve, and respond to the social world. Social Thinking methodology is used at NHS with students who present with a wide variety of diagnoses, including Autism Spectrum Disorder, ADHD, LD, Twice Exceptional and students with compelling anxiety and depression. Students are seen both in groups and individually in accordance with their IEPs, and students whose social struggles are less severe are seen weekly for an informal Social Thinking group. Social Thinking frameworks and methodology have been integrated into the already rich Skills for Life curriculum that is used with all middle school students. Additionally, NHS faculty and staff participate in monthly professional development sessions. In addition to these curricular measures, we are fortunate to be able to lean into our usual arts-based curriculum as a means to allow children ample ways to process their grief, anxiety, and anger. Hand crafts, movement, painting, maker’s place, and photography are

integral to our school life, and are recommended by trauma-informed approaches to education. We have found ways to ensure that each of these subjects is maintained in the curriculum in a manner consistent with COVID-19 guidelines.

School Procedures and Teacher/Staff Professional Development

In addition to our curriculum, we will provide support for students and faculty to process reactions to COVID-19 in the upcoming school year by:

- Beginning the school year slowly, with ample time to re-orient students to the “new normal,” give them time to unpack and process the previous six months, and focus on rebuilding the social fabric of the classroom
- Offering support to faculty, as well as families, through individual appointments with our school social worker
- Professional development for teachers in how to work with children in class during a prolonged crisis--lessons taken from other trauma-informed schools and settings. Expectations of what “normal” child development and behavior looks like under these circumstances will be discussed, as well as opportunities for professional and personal growth around meeting children’s needs in NYS during and after both COVID and the extreme social unrest many neighborhoods have experienced
- Professional development for teachers around identifying signs of depression, anxiety, and trauma in children of different ages, and how to appropriately refer them to support staff for follow up
- We will also be working with The Children’s Institute to provide professional development for faculty and staff on how to talk with and support students during and after the COVID 19 public health emergency and to provide support for developing coping and resiliency skills for students and staff.

Section 7: School Schedules

The NHS school schedule for 2020-21 makes safety the first priority, then social-emotional wellbeing to lay the foundations for learning, and then academic skill building and maintenance. Continuity of learning support services is also of high priority.

Arrival, Departure, and Scheduling

NHS will use both the north and south entrances for buses. Parents will use the north lot for all pick-ups/drop-offs.

If there is a line to enter the school outside the designated entryway, parents may wait in line with children outside the school. Parents will be expected to say goodbye to their children outside.

Finalized schedules will be released at the end of August.

Social Distancing Considerations for Faculty and Staff

- Faculty and staff are required to be in the building.
- Staff will adhere to social distancing and masking requirements
- Staff will be able to remove masks during lunch and planning periods as long as they can maintain social distancing requirements.

In general, our three scenarios (In-Person, Hybrid, and Remote Learning) are designed to be relatively seamless.

While the beginning and end times for the school day will remain the same, the middle and high schools will have staggered passing times. The passing times have been increased from 2 to 5 minutes each. Lunch time has also been increased to 40 minutes in order to support extra time needed for proper hygiene. Each class period will be 40 minutes in length. Students with mandated counseling/ speech language service will receive them as directed by the IEP/IESPs.

In-Person Instruction

Days Per Week

The NHS students and staff would report to the building 5 days a week and follow all health and safety requirements outlined in this plan.

Cohorts

NHS has always valued our small class sizes. Student cohorts will be created by grade level (current max, 20 students) for core classes (excluding math and reading). Due to our students' learning needs, our math and reading classes are scheduled based on current skill levels. These classes may mix students from one or more grades. All health and safety measures listed in this document will apply to students and staff who are in building .

Hybrid Learning

In times where risk is higher, the in-person schedule can be modified to accommodate a hybrid model.

Grades 5, 6, 7, 9A will be in school 5 days, all day

Grades 8-12 classes will happen in the building daily, approximately 50% of each grade level will attend on site, the other 50% of the grade level will attend class live via Google Meets.

All health and safety measures listed in this document will apply to students and staff who are in building.

Remote Learning

Our remote learning plan will run online 5 days a week using our current time schedule. Students will receive live remote instruction, all day. In addition, students will receive mandated speech language and counseling per their IEPs. The classes will run on the Google Meets platform.

Attendance will continue to be taken each period.

Extracurriculars

Our ability to provide extracurriculars will be guided this year by DOH guidelines as well as common sense preventative measures.

Section 8 : Attendance and Chronic Absenteeism

The school collects attendance data every day for every class period, in both in-person and online settings. Attendance records are collected and maintained as outlined in our school's *Student/Parent Handbook*, as well as our supplemental *2020-21 Addendum to the Student/Parent Handbook*.

Chronic Absenteeism

NHS will work to identify any children at risk of becoming chronically absent due to sickness, family situation, or other circumstances, reaching out to families and providing educational support services that include:

- Check-ins with the class teacher to provide work at a rate and level that is appropriate to the student's situation
- Additional support from the student's advisor, as needed
- Help obtaining the necessary technology to ensure continuity of learning
- Parents and School staff will meet to work together proactively
- Appointments with our school social worker who can refer out to additional services, as needed.

To achieve these goals we will use phone, email, tele-meetings and socially distant meetings to engage and converse with family members and students who are experiencing difficulty.

Metrics Used in Decision-Making

During the coming year, there may be times when we are ordered to close the school by the governor. The State has established metrics that they will use to order a regional or state-wide lockdown.

However, there may be situations within our own school community when community spread of COVID-19 needs to be addressed. Under guidance from the State and local authorities, NHS has identified the following policies to help us track and trace the level of transmission in the school setting, so that we can responsibly provide for the health and safety of our students, families, faculty, and staff.

Metrics for Quarantining a Class

Students will be grouped in grade level cohorts to allow for fewer opportunities for cross-exposure, and easier containment of the virus if there is an outbreak. If a student from a given class is confirmed to be COVID-19 positive, then the class will self-quarantine at home for the following two weeks and the school community will be alerted that we have entered “cautionary” mode. The school may take extra precautions in the form of increased cleaning, changes in school schedules or space use, etc. during this time to mitigate the risk of spread.

If the student who tested positive has a sibling in a different class, the sibling will also self-quarantine for two weeks; however, the sibling’s classmates will not need to quarantine unless the sibling tests positive.

Similarly, if more than five students from any given class are out sick, the class will self-quarantine at home either for two weeks or until all students are tested and come back negative, whichever is sooner. In the case of sickness but no positive test, the community will not be alerted until such time as a positive result comes back from a quarantined student.

Students who present with symptoms of COVID-19 during a period of self-quarantine need to follow the procedures for returning to school as outlined above.

During the time of a full-class quarantine, if possible, the class lessons will continue remotely. However, there may be situations in which teachers themselves fall sick, in which case NHS will make every effort to find substitute coverage. Online classes will NOT take place if more than 50% of the class falls sick at the same time.

Metrics Used for School-Wide Decisions

In deciding whether to close the school building, with guidance from the Health Dept., and enter a phase of remote learning, NHS will use the following metrics (either alone or in combination, as circumstances suggest):

- Three classes of students within our own school community are under self-quarantine
- We are not able to staff our in-school program safely if we have unmanageable percentage of NHS faculty/staff absent with no additional substitutes available or faculty illness prohibits online teaching
- Our larger community (Rochester) rate of new cases, as determined by the NYS-

published rolling 7-day average, reaches 9%

Fiscal and Data Collection Compliance

NHS will continue to collect data and provide fiscal and other information as required by the NYSED.

Section 9: Technology and Connectivity

Access to Technology

NHS provided a fully live, online school program from March 16th through June 2020 and is well-positioned to implement again as is appropriate.

In support of this, NHS has conducted surveys of parents and faculty to determine what access they have to technology and the internet. Each student is provided with a Chromebook that can be used in school or at home for remote learning. At the time of this report, 100% of our families and staff have high speed internet access at home.

Students who lose access to technology during a period of remote learning, or whose families prefer less screen time will be accommodated with alternate methods of proving their mastery of material. These include written or artistic work, phone conversations with the teacher, and/or parent-proctored written tests.

Should a need arise with a student where they need internet access but do not have any we would work collaboratively with the placing school district to be able to provide that access.

Platforms and Security

The pivot to online learning presented NHS with an opportunity. We elected to use Google Meet as our video conferencing platform. It easily integrated with Google Classroom and myNHS, as well.

We are reviewing security protocols across all aspects of our school technology. As we work to maintain and improve our data security, we will inform both the Board and the families of the school on our progress.

Education for Families and Teachers

Last Spring our tech staff did a tremendous job providing support for both families and teachers as we pivoted rapidly to remote learning. Having established a successful Google Meets platform, we now are in the position of simply providing “maintenance” support to families who need troubleshooting here and there with the technology.

Similarly, teachers are relatively well-equipped for remote learning. Tech staff have time built

into their job duties and schedules to work with students and teachers who are experiencing tech difficulties.

Professional development on the pedagogical side of remote learning will be provided in the form of articles, opportunities to attend NYSAIS-sponsored seminars on the topic, and time in our annual orientation week in the fall devoted to discussing and brainstorming together.

Section 10: Teaching and Learning

Instruction will be aligned to NYS Learning Standards and NHS will continue its collaboration with Monroe BOCES #1 in the area of NextGen standard-implementation, regardless of whether instruction is happening in person, using a hybrid or remote models.

Equity is at the heart of all school instruction. All instruction will be developed so that whether delivered in-person, remotely, or through a hybrid model, there are clear opportunities for instruction that are accessible to all students. Such opportunities will be aligned with State standards and include daily live scheduled times for students to interact and seek feedback and support from their teachers during the advisory period at the end of the school day. In addition, students have the opportunity to communicate with staff via the Google Chats feature throughout the school day, should we be using that platform for instruction.

NHS will communicate with families via email, myNHS portal, social media and mailings. Students and families may also contact the school and teachers via phone, email, myNHS, google forms of communication, or the Remind app.

Section 11: Special Education

As educators and policy makers across a wide range of fields have rightly noted, students with special needs and/or learning differences need extra attention and prioritization in the coming year. As a NY state approved, non-public special education school, the ability to provide safe, in person, instruction is our goal.

- We will provide FAPE no matter the model of service delivery
- We will protect the health and safety of our students
- We will continue to monitor students' IEP goals and delivery or related services (Speech Language and Counseling)
- Our teachers serve as advisors to our students. They communicate with families at a minimum of on a biweekly basis
- We consider parents to be equal partners in the education of their children. The student's advisor serves as a case manager and communicates with families. In addition, there are both 5 week and quarterly written grades and quarterly goal monitoring. Our Director of Education is responsible for collaborating with placing districts/CSEs in order to meet IDEA requirements.
- Ongoing communication amongst parents, school and CSEs is a priority. The school will ensure access to the necessary accommodations, modifications, supplementary aids and services, and technology (including assistive technology).

Screenings and Assessments

NHS conducts regular screenings and assessments of its students. We will prioritize any in-person learning time to conduct targeted assessments that were missed during the 2019-20 school year due to COVID. This will allow us to continue tracking and remediating gaps in student achievement, and basic skill acquisition for those who need further follow up.

However, we also recognize that our highest priority during the coming school year should be student well-being, and that standardized assessments might be stressful to some students. We will therefore investigate alternate methods of assessment, including student observation and targeted individual assessments.

ELL Services

At the time of this report, The Norman Howard School has no ELL students.

Section 12: Certification, Incidental teaching and Substitute teaching

- The Norman Howard School requires all staff to be certified by NYS in appropriate certification areas.

Professional Evaluation and Development

Most evaluation plans were completed before shutdown. Teachers completed self-reflections on their lessons and they were provided feedback from administration. In person meetings were held to discuss the feedback.

In the upcoming school year, we will continue our work with Monroe BOCES #1 on continuation of Next Gen standards, and Children's Institute for schoolwide implementation of Social-Emotional Learning. Professional development will be delivered in person whenever possible, following social distancing guidelines. If necessary, Professional Development will continue via teleconferencing.

Teacher feedback will be gained through surveys, self-reflections, observations, and lesson plans.

Conclusion

NHS is currently well-positioned to return to an in-person scenario in the Fall. Our building and outdoor spaces enable us to be flexible in our classroom assignments and ability to social distance; our small class sizes make the spatial aspect of social distancing relatively easy for us to implement; our flexible arts-based curriculum and strong SEL program provide a solid foundation for student and faculty wellness. We anticipate that the further release of guidelines from the DOH and NYSED will cause us to revise this document, and to that end, we will maintain updated copies on our school website and online parent portal.

Respectfully submitted by:

Jennifer Baker and Rosemary Hodges, Co-Heads of School

On behalf of The Norman Howard School, Rochester, NY