

**Lois Bronz Children's Center**  
**Re-opening plan**  
**For 2020-2021 School Year**

**Prepared for the New York State Education Department (NYSED)**

**Edition #2: August 13, 2020**

This reopening plan will follow the interim guidance from the NYS Department of Health provided on June 8, 2020 and guidance from NYS Department of Education provided on July 16, 2020. The plan is subject to change should there be additional guidance.

The Lois Bronz Children's Center is committed to the health and safety of all our staff, students and families. The reopening plan was guided by the following principles in order to ensure the instructional needs of the students and staff were met:

- i. Consider the challenges of the physical safety, social emotional well-being, and the mental health needs of our students caused by center's closure.
- ii. The need to provide the students the opportunity to receive ongoing Early Childhood education.
- iii. Assurance to monitor the facility, staff and students as necessary to ensure safety for all. Determination that when necessary, modify schedules accordingly.
- iv. Promote communications for staff, partners, and parents.

Based on the needs of our families, the center will be operating with the 'In-Person' model. This re-opening plan is intended to communicate the procedures we will follow to ensure the students, staff feel safe returning to our facility and demonstrate compliance to NY State Education Department guidelines and regulations. As we continue to grow as an organization, it is important that we collaborate and seek feedback from various stakeholders which we have sought out, and are continuing to seek out for their input to ensure satisfaction.

The Lois Bronz Children's Center reopens on Tuesday, September 8, 2020. The center is operational Monday – Friday at the following times based on program service area:

Program Service	Start tme	End Time
Stepping Stones Special Education	09:15 am	02:15 pm
Head Start, BSF, Daycare & After School	08:00 am	05:00 pm

### **Procedures Summary**

- All staff, visitors, essential visitors, family members, and volunteers who enter the program, must complete the **OCFS Form 6040 "Attestation"** on their initial visit
- Employees must complete a daily **LBCC Staff/Visitor Screening Form** before their assigned work shift.
- All employees and visitors must sign **OCFS 6039 "Child Care Program Tracker"**
- Employees and visitors must have their temperature taken before entering the program.
- Staff and visitors must put on a facemask or cloth face covering before entering.
- Staff and visitors must use the hand sanitizer upon entry
- Recommended when caring for young children:
  - Wear an over large button down, long sleeve shirt or smock and put long hair up off of the collar in a ponytail or other up-do.
    - Have multiple changes of clothes on hand for employees and children in the program.
- As per state guidelines, children over two years old use face masks when in the community. Children will be encouraged but not required to wear masks within the classroom.
- For those parents who desire for their children not to wear a mask, a mask waiver will be filled out by the parents. The children will not wear masks when engaging in vigorous physical activity.
- Staff will review the **Parent Check-In Report**
  - All children will be treated equally during the screening process. If a child arrives without a screening completed (and the child arrives via a school bus), he/she will not be singled out. Children that arrive without

a completed screening form, will be treated in a confidential manner and will have screening completed.

- Staff will make a visual inspection of the child for signs of illness, including fever of 100 or above, significant or productive cough, runny nose, sneezing and document on **Daily Health Check Form**
- Students will have their temperature upon arrival at the Center and it will be recorded. Staff will use a clean pair of gloves for each child and the thermometer will be cleaned and sanitized between each check. A non-contact thermometer will be used when checking temperature.
- Anyone who has a temperature of 100° F or has a positive response on the screening form must be reviewed by the Director/Nurse or designee to determine if the person may enter the building.
- It will be necessary do monitoring of the processes to determine if and where procedural changes may be necessary.
- Staff will ensure children's hands are washed upon arrival.
- Social distancing between staff and children and between children will be maintained to the highest degree possible. As needed, environments will be re-arranged to maximize the ability for children and staff to socially distance. During Rest Time, children will remain 6 feet away from peers.
- All children will be treated equally during the screening process
- A child that arrives without a screening form completed by his or her parent/guardian will not be singled out.
- These children will be treated in a confidential manner and will have screening completed as quickly as possible.
  - Emergency contact information must be updated.

### Screening Procedures

- A mandatory health screening assessment will be implemented (e.g. questionnaire, temperature check) for employees, visitors (e.g. therapists, vendors) and children.
  - Screening asks about:
  - COVID-19 symptoms in the past 14 days
  - Positive COVID-19 test in the past 14 days
  - Close or proximate contact with confirmed or suspected COVID-19 cases in the past 14 days

- 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.
- Responses will be reviewed and documented daily.
- Immediately notify the state and local health department, Lois Bronz Children's Center Health Coordinator, Directors about any positive test result by an employee or child at the site.

#### Drop-off and Pick-up Procedures

- Children will arrive with parents/guardians at staggered times.
- Sign-in stations will be placed in front of the entryway, and LBCC will provide disinfecting wipes for cleaning pens between each use and for hand sanitizing.
- Parents and staff must wear masks within the Center.
- Visitors are not allowed without and scheduled appointment time. (Related service providers from outside agencies will be allotted a specific time, and may only visit one child/ classroom in the Center per day; must follow CDC Guidelines and complete Staff/Visitor Screening Form)
- Parents will have access to their children while at the Center, but parents must schedule an appointment and follow CDC and DOH Guidelines.
- LBCC will post signs throughout the site, consistent with DOH COVID-19 signage, and also share any updates with families. Signage should be used to remind individuals to:
  - Cover their nose and mouth with a mask or cloth face-covering.
  - Properly store and when necessary, discard PPE.
  - Adhere to physical distancing instructions.
  - Report symptoms of or exposure to COVID-19, and how they should do so.
  - Follow hand hygiene, cleaning, and disinfection CDC/DOH guidelines.
  - Follow appropriate respiratory hygiene and cough etiquette.
- Toys from home will not be allowed at school.
- Personal belongings will not be shared.
- Children will depart on a staggered schedule

### Cleaning/Disinfecting Procedures

- A cleaning and disinfecting schedule will be followed multiple times daily and documents on the **LBCC Cleaning Company Log**. Including; doorknobs, light switches, sink handles, countertops, toilet seats, restrooms, tables, chairs, and playground structures.
- Reasonable measures have been put into place limiting the sharing of objects, such as electronic equipment, art materials, toys, as well as the touching of shared surfaces. Children will have individual art boxes, sensory materials, and sensory bins. Employees will wear gloves when in contact with shared objects or frequently touched surfaces.
- It is required that children and staff practice hand hygiene:
  - Upon arrival to the Center, entering the building, and each classroom.
  - Between program activities
  - After shared objects or surfaces (electronic devices, musical instruments, tools, toys, and tabletops)
  - After sneezing, wiping, blowing nose, or coughing into hands
  - Coming in from outdoors
  - After using the restroom
  - After toileting/diapering
  - Before and after eating
  - Whenever they are dirty
  - Before departing the last program activity.
- Hand hygiene stations will be provided and maintained on site, as follows:
  - For handwashing; soap, running warm water, and disposable paper towels.
  - For hand sanitizing: an alcohol-based hand sanitizer containing at least 60% alcohol for areas where handwashing facilities may not be available or practical.
  - Hand sanitizer will be made available throughout the common areas on site including entrances, exits, elevators, and reception areas but out of the reach of unsupervised children.
    - Signage is placed near hand sanitizer indicating visibly soiled hands should be washed with soap and water.

- Some students and staff may be unable to use alcohol-based hand sanitizer for health reasons. They will be permitted to wash their hands with soap and water.
- Covered (no touch), foot pedestal trash cans will be placed around the school as needed for the disposal of soiled items, including PPE.
- Toys that children have placed in their mouths must be set aside until they are cleaned according to OCFS Health Care Plan/CDC DOH guidelines. Use **OCFS Form 6041 Cleaning And Disinfecting Log**
- When a child is soiled with secretions, the child's clothing will be changed, and the child will be cleaned as needed.
- When diapering/ providing assistance with toileting, wear gloves, wash hands (staff and children), and follow cleaning and disinfection steps between each child per CDC guidelines.

#### Classroom Social Distancing procedures

- Classes should include the same group each day and the same staff should remain with the same group each day. Students and staff should not change groups or mix groups.
- A staffing plan should be maintained that does not require staff to "float" between different classrooms or groups of children, unless such rotation is necessary to safely supervise the children due to unforeseen circumstances (e.g. staff absence).
- Keeping siblings together is possible, within OCFS guidelines.
- Keep group sizes small. 10-15 students plus staff
- Arrange furniture to give children more space, reconfigure space to limit overall density of the room. Rooms will maintain capacity as allowed by OCFS however within the classroom subgroups will be a maximum of 15 children.
- Windows will be open for fresh air as much as possible.
- Limit the number of toys and materials available at one time. Remove all materials after a few hours for cleaning and replace with additional clean toys.
- Encourage independent play stations.
- Spend as much time outdoors as possible.
- Separate tables with seating at least six feet apart from other tables, as feasible. Stagger mealtimes to reduce congregation.

- At mealtimes, serve children with an individual plate rather than family style.
- Teachers and Assistant Teachers wear gloves when serving food.
- Children should not use serving utensils.
- Limit gatherings of employees (breaks, meetings) to the greatest extent possible.
- Use bi-directional foot traffic using tape or signs with arrows in narrow aisles, hallways or spaces. Separate staircases are designated up and down to limit passing in close quarters of staff and students. Post signage and distance markers denoting spaces of 6ft in commonly used areas and any area in which lines are commonly formed or people may congregate

#### **Procedures in case of suspected or confirmed COVID-19**

- If a staff member becomes ill during the day he or she will immediately leave the Center. Staff must adhere to LBCC COVID-19 policy.
- If a child becomes ill during the day, the child will be isolated, while maintaining supervision, in a separate room or space. The child will wear a mask if possible. A Health Specialist or Director is available to assess individuals as 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. Proper PPE will be required anytime a staff-person may be in contact with a potential COVID-19 patient.
- The parent/guardian will be called to immediately pick up the ill child. A staff member must stay with the child, wearing a mask and PPE.
- Other considerations include:
  - Closing off areas used by a sick person and not using these areas until after cleaning and disinfection has occurred.
  - Opening outside doors and windows to increase air circulation in the area;
  - Waiting at least 24 hours before cleaning and disinfection. If waiting 24 hours is not feasible, wait as long as possible.
  - Clean and disinfect all areas used by the person suspected or confirmed to have COVID-19, such as offices, classrooms, bathrooms and common areas.
  - Once the area has been appropriately cleaned and disinfected it can be reopened for use.



- Individuals without close or proximate contact with the person suspected or confirmed to have COVID-19 can return to the area and resume Center program activities immediately after cleaning and disinfection.

**Procedure for Returning to Center after Illness**

- Once a child or staff person is excluded from the Center, they may return if they satisfy the recommendations of the CDC and their return is coordinated with the local health department. Currently, those guidelines are:
- **1. Untested:** Child or staff who have not received a test proving or disproving the presence of COVID but experience symptoms may return if the following three conditions are met:
  - a. They have not had a fever for at least 72 hours (that is three full days of no fever without the use of medicine that reduces fevers); and
  - b. Other symptoms have improved (for example, when your cough or shortness of breath have improved); and
  - c. At least ten (10) calendar days have passed since your symptoms first appeared.

**2. Tested:** Child or staff who experienced symptoms and have been tested for COVID-19 may return to Center if the following three conditions are met:

- (a) They no longer have a fever (without the use of medicine that reduces fever);
- (b) Symptoms have improved (for example, when cough/shortness of breath have improved);
- (c) Health provider approves their return to center program.

**3. Tested with no symptoms:** Child or staff who have not had symptoms but test positive for COVID-19 may return when they have gone ten (10) calendar days without symptoms and have been released by a healthcare provider.

A child may also return if they are approved to do so in writing by the child's pediatrician. Lois Bronz Children's Center will refer to DOH's "Interim Guidance for Public and Private Employees Returning to Work following COVID-19 Infection or Exposure" regarding protocols and policies for staff seeking to return to work after a suspected or confirmed case of COVID-19 or after the staff member had close or proximate contact with a person with COVID-19.

In the event a parent/guardian of a child must isolate because they have tested positive for or exhibited symptoms of COVID-19, the parent/guardian must be advised that they cannot enter the Center for any reason, including picking up their child.

If the parent/guardian who is a member of the same household as the child is exhibiting signs of COVID-19 or has been tested and is positive for the virus, utilize an emergency contact authorized by the parent to come pick up the child. As a "close contact," the child must not return to the Center for the duration of the quarantine.

#### **Closure procedures**

- When a person has been identified (confirmed) or suspected to be COVID-19 positive, the Center Director will coordinate with the Directors and Health Office in order to make a determination regarding the closure of a classroom or building.
- Lois Bronz Children's Center will implement as needed short-term closure procedures regardless of community spread if an infected person has been in a school building. If this happens, CDC recommends the following procedures:

- Closing off areas used by ill person(s) and locking off area(s), signage can also be used to ensure no one enters the area. If possible, wait 24 hours before you clean and disinfect. If it is not possible to wait 24 hours, wait as long as possible. Do not use the area(s) until cleaning and disinfection has taken place.
- Opening outside doors and windows to increase air circulation in the area.
- Cleaning staff should clean and disinfect all areas (e.g., offices, bathrooms, and common areas) used by the ill person(s), focusing especially on frequently touched surfaces.
- Communicating as soon as possible with staff and families
- Should a classroom or Center need to be closed, develop a plan for continuity of education, medical and social services, and meal programs and establish alternate mechanisms for these to continue.
- Lois Bronz Children's Center will adhere to DOH guidance/procedures for when someone tests positive.

**Staff and Parent Communications:**

- Staff and Parents can affirm they have reviewed and understand the Reopening Plan guidelines, and that they will implement them. Refer to **STAFF/VISITOR SCREENING FORM** and **PARENT CHECK IN REPORT/Parent Communication Reopening COVID Letter**.
- All employees/staff will be trained on applicable precautions/policies in the State's guidance either remotely or in person, using appropriate social distancing and requiring face coverings for all participants prior to reopening.
- Post signage inside and outside of the facility to remind individuals to adhere to proper hygiene, social distancing rules, appropriate use of PPE, and cleaning and disinfecting protocols.
- Conspicuously post completed summary safety plans on site.
- Designate a staff person to be responsible for responding to COVID-10 concerns. Employees and parents/guardians will know who this person is and how to contact them.

**Social-Emotional Support for Children's Return to The Program:**

- All staff will be trained on how to identify and mitigate signs of COVID 19-related trauma, as is appropriate to the staff person's role. Staff will be supported by the Social Worker.

- It is important to comfort crying, sad, and/or anxious children in a manner consistent with their age and level of development.
- When changing, feeding, or holding very young children: Classroom staff can protect themselves by wearing an outer smock or shirt and by wearing long hair up.
- Young children will want to be near other children. Setting up the environments with lots of independent activities can help. The set of Legos could be broken into three bins in different areas. Children will be moved away from each other when possible, without causing distress.
- Young children feel unsettled by changes in routine and will notice if people around them are worried and upset. Children who are exhibiting more challenging behavior more than usual, being defiant or acting out may actually be feeling anxious. The teachers will respond to outbursts in a calm, consistent, and comforting way. The teachers will reach out to the Social Workers for support as needed.
- Children's responses to stressful events are unique and varied. Some children may be irritable or clingy, and some may regress, demand extra attention, or have difficulty with self-care, sleeping, and eating. New and challenging behaviors are natural responses to stressful events. Adults can help by showing empathy and patience.
- Children may regress with toilet training. Be prepared for accidents and use pull-ups. Teachers will make sure there are lots of extra clothes.
- Keep children busy. When children are bored or idle their levels of worry and disruptive behaviors may increase. Children need ample time to engage in play and other learning experiences. The Social Worker will:
  - support children and families, educate staff, parents and children
  - provide professional development opportunities on mental health and wellness
  - promote social emotional learning competency
  - build resilience and help to promote a positive and safe program environment.

**Lois Bronz Children's Center's Mental Health Specialists supports children and families**

- Educate staff, parents and children and provide for professional development opportunities, on mental health and wellness.
- Promote social emotional learning competency and build resilience
- Help ensure a positive, safe program environment
- Teach and reinforce positive behaviors and decision-making
- Encourage good physical health
- Help ensure access to community based mental health supports

**Special Education**

**In the center's reopening plan, we will ensure that the Stepping Stones Special Education students with disabilities receive continuous educational training and related services and achieve the goals outlined in their Individual Education Plan (IEP). We will ensure that the expected educational services provided by the staff and other professionals is provided in continuum.**

**Assurances**

The Lois Bronz Children's Center provides assurances to the following in accordance with NYSED regulations. It is the center's intent to comply with the required activities to the extent the activity applies to our center, now or in the future as a result of changes to our plan or its implementation.

**Communications/Family and Community Engagements**

1. Engaged with center stakeholders and community members (e.g. administrators, faculty, parents/legal guardians of students, local health care providers and organizations, such as unions, alumni, and other community-based organizations developing their reopening plans.
2. Developed communications plan for students, parents, or legal guardians of students, staff, visitors that includes applicable instructions, training, signage, and a consistent means to provide individuals information. The center develops a communication method via text, email groups and social media.

3. Ensures all students are taught or trained how to follow new COVID-19 protocols safely and correctly, including but not limited to hand hygiene, proper face covering wearing, social distancing, and respiratory hygiene.
4. Encourages all students, faculty, staff, and visitors through verbal and written communications (e.g. signage) to adhere to CDC and DOH guidance regarding the use of PPE, specifically acceptable face coverings.
5. The center provides communications in the language(s) spoken at home among families and throughout the school community. Written will be accessible to those with visual and/or hearing impairments.

#### **Health and Safety Assurances**

1. **The center's** reopening has been and will continue to be reviewed and consider the number of students and staff allowed to return in person. These factors shall be considered when determining resumption of in-person instruction:
  - i. ability to maintain appropriate social distancing;
  - ii. PPE and face covering availability;
  - iii. availability of safe transportation;
  - iv. local hospital capacity – consult local department of health
2. The center engages with stakeholders and community members (e.g. administrators, faculty, staff, parents and legal guardian of students, local health departments, local healthcare providers and affiliated organizations, such as unions, alumni and/or community based groups in developing their reopening plan and identify this that participated in the reopening plans.
3. A communications plan has been developed for students, parents/guardian, staff, and visitors that includes applicable instructions, training, signage, and a consistence means to provide individual swith information.
4. There is a written protocol developed in collaboration with the school health professional or releveant staff to instruct staff to observe for signs of illness in students and staff and requires symptomatic persons to be sent to the school nurse or other designated personnel.
5. In our reopening plan, there is a written protocol for daily temperature screenings of all students and staff, along with a daily screening questionnaire for faculty and staff and periodic use of the questionnaire for students/parent.

6. It is a requirement that ill students or staff be assessed by the school nurse (registered professional= nurse, RN) or medical director and that if a school nurse or medical director is not available, ill students and staff will be sent home for follow-up with a healthcare provider.
7. In the plan, there is a written protocol requiring all students or staff with a temperature, signs of illness and/or a positive response to the questionnaire to be sent directly to a dedicated isolation area where students are supervised, prior to being picked up or otherwise sent home.
8. There is a written protocol to address visitors, guests, contractors, and vendors to the school which includes health screening.
9. In the plan, there is a written protocol to instruct parents/ guardians to observe for signs of illness in their child that requires staying home from school.
10. There is a written protocol and appropriate signage to instruct staff and students in correct hand and respiratory hygiene.
11. Additionally, there is a written protocol to ensure all persons in school buildings keep social distance of at least 6 feet whenever possible.
12. A written protocol was created detailing how the center will provide accommodations to all students and staff who are at high risk or live with a person at high risk.
13. Include a written protocol requiring all employees, adult visitors, and students to wear a face covering/mask.
14. The center has a plan for obtaining and maintaining adequate supplies of face covering/masks for school staff, and students who forget their masks, and PPE for use.
15. The center has a written protocol for actions to be taken if there is a confirmed case of COVID-19 in the center.

#### **Facilities - Mandatory Assurances**

1. The center has written protocol for actions to be taken if there is a confirmed case of COVID-19 in the school.
2. The center has written protocol for actions to be taken if there is a confirmed case of COVID-19 in the school.
3. Each school reopening plan has a written protocol that complies with DOH and CDC guidance for the return to school of students and staff following a

positive screen for COVID-19 symptoms, illness or diagnosis of confirmed case of COVID-19 or following quarantine due to contact with a confirmed case of COVID-19. Return to school will be coordinated with the local health department.

4. The center has a written protocol to clean and disinfect schools following CDC guidance.
5. The center has a written protocol to conduct required school safety drills with modifications ensuring social distancing between persons.
6. The center's reopening plan designates a COVID-19 safety coordinator (administrator) whose responsibilities include continuous compliance with all aspects of the school's reopening plan, as well as any phased-in reopening activities necessary to allow for operational issues to be resolved before activities return to normal or expected operations.
7. The center's intent to comply with the required activities to the extent the activity applies to our center, now or in the future as a result of changes to our plan or its implementation.

#### **Child Nutrition – Mandatory Assurances**

1. The center's reopening plan will address all applicable Food Service health and safety guidelines outlined in the DOH guidance.
2. The plan will include protocols and procedures for how students will perform hand hygiene before and after eating, how appropriate hand hygiene will be promoted, and how sharing of food and beverages will be discouraged.
3. Each school reopening plan must include protocols and procedures that require cleaning and disinfection prior to the next group of students arriving for meals, if served in the same common area.
4. Each school reopening plan must require that students must social distance (6 feet separation) while consuming meals in school unless a physical barrier is provided.

#### **Social Emotional Well-Being - Mandatory Assurances**

1. Each school reopening plan addresses how the school will provide resources and referrals to address mental health, behavioral, and emotional support services and programs.



2. Each school reopening plan addresses professional development opportunities for faculty and staff on how to talk with and support students during and after the ongoing COVID-19 public health emergency, as well as provide supports for developing coping and resilience skills for students, faculty, and staff.

#### **School Schedules - Mandatory Assurances**

1. Each school reopening plan describes the school schedule planned for implementation at the beginning of the 2020-21 school year and to the extent practicable any contingent scheduling models it may consider if the situation warrants.

#### **Attendance and Chronic Absenteeism - Mandatory Assurances**

1. Each school reopening plan must describe a mechanism to collect and report daily teacher student engagement or attendance while in a remote or hybrid schedule.

#### **Technology and Connectivity - Mandatory Assurances**

1. Each school reopening plan must include information on how the school will have knowledge of the level of access to devices and high-speed internet all students and teachers have in their places of residence.
2. Each school reopening plan must include information on how the school, to the extent practicable, will address the need to provide devices and internet access to students and teachers who currently do not have sufficient access. Schools must work with placing school districts to accomplish this requirement.
3. Each school reopening plan must include information on how the school will provide multiple ways for students to participate in learning and demonstrate mastery of Learning Standards in remote or blended models, especially if all students do not yet have sufficient access to devices and/or high-speed internet

#### **Teaching and Learning – Integrated Settings - Mandatory Assurances**

1. The assurances marked below indicate your intent to comply with the required activities to the extent the activity applies to your school(s), now or in the future as a result of changes to your plan or its implementation.
2. Each school reopening plan includes a continuity of learning plan for the 2020-2021 school year. Such plan must prepare for in-person, remote, and hybrid models of instruction.
3. Each school reopening plan includes an educational program that is aligned to the New York State Learning Standards regardless if instruction is delivered in-person, remotely or in a hybrid model.
4. Each school reopening plan provides for a program that includes regular substantive interaction between teachers and students whether delivered in-person, remotely or through a hybrid model of instruction.
5. Equity must be at the heart of all school instructional decisions. All instruction should be developed so that whether delivered in-person, remotely, or through a hybrid model due to a local or state school closure, there are clear opportunities for instruction that are accessible to all students. Such opportunities must be aligned with State standards and include routine scheduled times for students to interact and seek feedback and support from their teachers.
6. Schools must create a clear communication plan for how students and their families/caregivers can contact the school and teachers with questions about their instruction and/or technology. This information needs to be accessible to all, available in multiple languages based on school need, widely disseminated, and include clear and multiple ways for students and families to contact schools and teachers (e.g., email, online platform, and/or by phone).

**Special Education - Mandatory Assurances**

1. Each school reopening plan, whether services are provided in-person, remote, and/or through a hybrid model, addresses the provision of free appropriate public education (FAPE) consistent with the need to protect the health and safety of students with disabilities and those providing special education and services.

2. The assurances marked below indicate your intent to comply with the required activities to the extent the activity applies to your school(s), now or in the future as a result of changes to your plan or its implementation
3. Each school reopening plan addresses how it will document the programs and services offered and provided to students with disabilities as well as communications with parents.
4. Each school reopening plan addresses meaningful parent engagement in the parent's preferred language or mode of communication regarding the provision of services to his/her child to meet the requirements of the IDEA.
5. Schools should collaborate with the placing district to accomplish this requirement.
6. Each school reopening plan addresses collaboration between the committees on preschool special education (CPSE) and committees on special education (CSE) and program providers representing the variety of settings where students are served to ensure there is an understanding of the provision of services consistent with the recommendations on individualized education programs (IEPs), plans for monitoring and communicating student progress, and commitment to sharing resources.
7. Each school reopening plan must ensure access to the necessary accommodations, modifications, supplementary aids and services, and technology (including assistive technology) to meet the unique disability related needs of student

**Certification, Incidental Teaching, and Substitute Teaching - Mandatory Assurances**

1. Each school reopening plan must ensure that all teachers hold valid and appropriate certificates for their teaching assignments except where otherwise allowable under the Commissioner's regulations (e.g., incidental teaching) or Education law.