

Groden School and Residential Guide for Resuming Services

September 29, 2020

Introduction and General Information

The health and safety of the students and staff of the Groden Center's school and residential programs is our top priority, and our leadership has a strong commitment to the following measures. The Groden Center's school and residential guide for reopening and resuming services delineates the plans and practices that will be in place to meeting the guidelines set by the Centers for Disease Control and Prevention (CDC), the Rhode Island Department of Health (RIDOH), and the Rhode Island Department of Education (RIDE) for effective control of COVID-19. It is designed to be consistent also with safety guidelines set forth by state and federal agencies, including the Occupational Safety and Health Administration (OSHA). This document has been reviewed and approved by the leadership of the Groden Center and the Nursing/Health Department of the Groden Center, and can be revised and edited as new information becomes available. Input from families of Groden Center students is encouraged, as is input from our valued staff.

This document addresses the needs of both locations of the Groden schools (Providence and Coventry), the three residences operated by Groden (Farnum, Cowesett, and Rome), and the RITE program. It has been divided into sections that together address the many areas related to the effective control and management of COVID-19. This document also contains information related to scenarios beyond the current full social distancing format, including a 1) limited in-person reopening (where only a small number of students, as determined by clinical need, may attend the program in-person and the remaining students receive distance learning), 2) partial in-person reopening (where approximately half of the students attend two days per week and half attend on an alternate two days; students not in the building on any given day receive distance learning), and 3) full in-person reopening (where all students attend each day of the week). The Safety Coordination Team (SCT) is composed of the Chief Clinical Officer, the Clinical Director, the Education Director, the Residential Director, the Assistant Program Directors (2), and the school nurses (2). Any questions or concerns from parents should be directed to their teachers or the Assistant Program Director of the student's building, and employees should direct questions related to these guidelines to the Assistant Program Directors. The Assistant Program Directors are the designated building-based coordinators for reports of positive cases, as well as other building level student and staff issues.

In our parent survey, the majority of parents wanted children to return to school, preferred a part-time schedule, and would be willing to transport to school. We will be following the guidance of RIDE, the Governor's office, and our own leadership regarding the scenario selected for the fall. Regardless of the scenario selected, parents may select distance learning, and our student's classroom assignments have been adjusted to reduce class size and density, necessitating some students moving to a new classroom. We very much appreciate everyone's cooperation with these measures.

Translators for families for whom English is not their first language will be made available as requested.

Key Personnel and Role Definition

Safety Coordination Team (SCT):	Dr. Cooper R. Woodard, Chief Clinical Officer Dr. Shareen Holly, Clinical Director (Open), Education Director Alyssia Ramos, Residential Director Nicole Perry (South) and Stephanie Trabucco (North), Assistant Program Directors Kelly Scott, RN, Nurse Manager (RIDOH designated contact person for testing, tracing, investigation, isolation and containment)
Nursing Director:	Patricia Fiske, RN
Facilities/Supplies:	Raymond Maxwell
Training:	Amy Diller
Family Services Coordinator:	Lisa Rego

Criteria for Changes in Schedules

Moving to full in-person, partial in-person, limited in-person, or closing the school and moving to a fully distance learning schedule (where all students are supported virtually while learning in their home) will be determined by the SCT and Nursing Director with information including but not limited to the Rhode Island infection rate, recommendations by RIDE, state and federal agencies, and school patterns of infection. Every effort will be made to communicate to parents and staff quickly and efficiently, but please note that last minute changes and disruptions to schedules may be unavoidable. It is recommended that parents prepare to have back-up forms of child care in place, in the event a sudden school closure is required.

Helpful Websites and Resources

- RIDOH COVID-19 webpage: <https://health.ri.gov/covid/>
- CDC website: <https://www.cdc.gov/coronavirus/2019-ncov/summary.html>
- CDC Infection Control Basics: <https://www.cdc.gov/infectioncontrol/basics/index.html>
- CDC Guidance on Disinfecting Living Spaces: <https://www.cdc.gov/coronavirus/2019-ncov/prevent-getting-sick/disinfecting-your-home.html>
- RIDOH Guidance on At-Home Quarantine: <https://health.ri.gov/publications/factsheets/COVID19-At-Home-Quarantine.pdf>

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 - Partial In-person: 50 students (approximately) per day, 4-6 per classroom, no attendance on Wednesday, and distance learning for students not in school
 - Limited In-person: 30 students (approximately) per day, 3 per classroom, M-F
 - Distance Learning: All students remain at home and are supported by Center staff as they have been from April through August
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1) Communication Procedures

The Groden Center encourages input from all stakeholders and will continue to offer multiple modes of communication and engagement. These include parent/family surveys, individual calls to parents and families by multiple staff, communication via social media (Facebook) and the Groden website, and Blackboard Connect phone calls. Additionally, within the parameters of safety protocols and maximizing virtual communication, Special Education Teachers and certain resource staff (Speech/Language, OT, and Vocational staff) will have regular meetings with the Assistant Program Directors and the Education Director, Clinical Program Specialists will have regular meetings with the Clinical Director. All staff will meet regularly for important updates and information. Every effort will be made to clearly and effectively communicate needed information, and all staff and students are encouraged to ask questions and offer input.

Our most direct form of communication is the Blackboard Connect system, which contacts families directly by phone or other designated format for time sensitive information. Parents and staff are encouraged to ensure contact information is accurate and updated as needed and administrative staff will verify contact information. Communications using this format may direct parents and staff to websites for documents or information beyond what can reasonably be communicated by phone. A special page on the Groden website will be available with this and other updated information as it changes or becomes available.

The Groden Center has put signage in place in our buildings to remind students and staff of proper hand washing procedures, respiratory hygiene, social distancing, COVID-19 signs and symptoms, and the proper use of personal protective equipment (PPE). All staff, prior to students returning and again as needed, will receive in-person or virtual education and training in these areas and will be expected to follow these guidelines at all times. Binders will be available in each classroom with copies of the signage, as well as this document and other important information and materials.

2) Health and Safety for All Learning Formats

The Groden Center will monitor building capacity, the number of students and staff congregated in any given area, the health status of students and staff, and the amount of PPE. Designated staff will monitor the amount of PPE, arrange for the ordering of PPE, and handle the storage and dissemination of these materials. This information will also assist the SCT in making informed decisions regarding the most appropriate learning format.

Social Distancing: All staff will be expected to maintain at least 6 feet distance from other staff, and from other staff-student dyads (groups of 2). Because it is not possible for staff to maintain this distance from students, or students from each other, staff may only interact with students in his or her classroom/"pod," and assignments of staff to students should remain as minimal as possible. This would include maintaining as constant as possible any temporary staff assigned to a classroom. Note that classrooms have been reduced in size to a maximum of 8 or 9 students for a full reopening plan (4-6 per classroom for partial, and 2-3 per classroom for limited), and staff assigned to a classroom need to remain as constant as possible. Staff and student movement should be limited to their classroom, the

gym, or the playground based on established schedules that avoid cross-exposure. **At no point can there be more than the allowable number of people in a group in a classroom, currently 15 or fewer in a full re-opening scenario.**

Because close contact can be limited but is unavoidable, physical barriers have been provided and should be used whenever possible. Plexiglass individual dividers and wall dividers should be in place whenever possible, and/or masks and face-shields should be worn for any staff student dyad. Social distancing should increase to 12 feet between staff-student dyads for any activities where there is voice projection or heavy breathing (physical education for example). **Note that resource staff who support more than one classroom should limit contact whenever possible, maintain social distancing within classrooms, wear appropriate PPE, and record what classrooms they enter each day.**

Face Coverings: All staff (unless documented as medically contraindicated) are required to cover their nose and mouth with an approved mask. Masks worn should be provided by the school, or approved by the nurse; bandanas, “gators,” and related masks are not permitted. Students will be encouraged to wear face masks as they are able to tolerate. Acceptable face coverings include but are not limited to double-layer cloth-based face coverings and surgical masks that snugly fit and cover both the mouth and nose. Staff need to clean cloth face coverings daily or follow training protocols on re-use or disposal of masks. Face coverings are required at all times for staff (and students as tolerated), including bus pick up, entering the building, in classrooms, common spaces (halls, voc. areas, etc.), confined spaces, and when using a Groden vehicle. Staff who share offices must wear face masks in that office unless he or she is alone in that office. While eating, staff should maintain 6+ feet distance from other staff, and put their mask back on as soon as possible.

In addition to masks, face shields will be available to staff for use with students for whom this additional level of protection is warranted. Also, for certain therapies or interventions that require visualization of the mouth, transparent masks will be made available to staff.

Hand-washing and Respiratory Hygiene: Teachers and support staff will practice and reinforce proper hand and respiratory hygiene with all students at the beginning of the school year and periodically throughout the year. Educational training regarding hand and respiratory hygiene, face covering protocols, social distancing, and other public health measures will be made available to students and staff. Times should be designated on the schedule for students to wash hands with soap and water or use hand sanitizer, at a minimum before/after these events:

- At the start of the day when student enter the classroom before snacks and lunch
- After using the toilet or helping a student use a toilet or the sink, or related activities
- After touching, sneezing, wiping, and blowing noses
- After snacks and lunch, particularly if hands are sticky, greasy or soiled when students come in from outdoor play or activities with sticky materials and other naturally occurring times.
- Washing hands is preferred over hand sanitizer use whenever possible

The Center will provide and maintain adequate supplies to support healthy hand and respiratory hygiene, including soap, hand sanitizer with at least 60 percent alcohol (for staff and older students who can safely use hand sanitizer), paper towels, tissues, and lined trash receptacles.

Health Monitoring and Screening: Active surveillance for severe acute respiratory syndrome coronavirus (i.e., COVID-19) will be essential to informing school policy and public understanding over time. The Center will take all appropriate safety precautions and measures to reduce the risk of transmission of COVID-19; however, it will not be possible to reduce the risk of COVID-19 transmission in schools to zero.

Symptoms: Please refer to the CDC guidance “Symptoms of Coronavirus” for the most up to date information on symptoms associated with COVID-19. Please note that the manifestation of the COVID-19 in children, although similar, is not always the same as that for adults. Children may be less likely to present with fever as an initial symptom, and may only have gastrointestinal tract symptoms, which should be taken into consideration during the screening process. Students may not attend school if they have had a temperature greater than 100.0° F. Parents/guardians are required to observe for signs of illness in their children and keep the child home if he or she is exhibiting symptoms of COVID-19. Faculty and staff are required to stay home if they are sick.

Refer to CDC guidance on symptoms, which may appear two (2) to fourteen (14) days after exposure to the virus. People with these symptoms may have COVID-19:

- Cough
- Shortness of breath or difficulty breathing
- Fever
- Chills
- Muscle pain
- Sore throat
- New loss of taste or smell

Other less common symptoms have been reported and include:

- Nausea
- Vomiting
- Diarrhea

Signs will be posted throughout the facilities and school buildings reminding staff and students of the COVID-19 symptoms and to monitor frequently. Staff and students who are symptomatic will be assessed by the school nurse or designated personnel in an isolated area.

Temperature Checks: All individuals, staff and clients including residential clients, must take their temperature each day at home, prior to departing to school, boarding their bus, or before entering any school facility. A fever is technically defined as a body temperature of 100.0° F or higher. The fever temperature is consistent for both children and adults. If an individual presents a temperature of greater than 100.0° F, they shall stay home and the residential nurse will be notified if there are symptoms present for a residential student. If an individual presents a temperature of greater than 100.0° F at a point during the school/work day, the individual will be sent directly to an isolated area prior to being picked up or otherwise sent home.

Daily Health Screening Procedures: Staff must answer the following questions to self-monitor and complete a health questionnaire prior to entering any school or residential facility at the designated area. Parents and guardians need to review the same health screening assessment for their child/

student on a daily basis prior to sending or bringing their student to school. If any items are “yes,” that student will need to stay home and inform the school. Sending in a student is an acknowledgement that this student did not have any “yes” items on the screening tool. Monthly reminders of this procedure will be sent to parents.

The questionnaire, which will be modified based updated guidance from the CDC or RIDOH, will determine whether the individual has:

1. 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;
2. tested positive through a diagnostic test for COVID-19 in the past 14 days;
3. has experienced any symptoms of COVID-19, including a temperature of greater than 100.0°F, in the past 14 days;
4. has traveled internationally or from a state with widespread community transmission of COVID-19 in the past 14 days.

If a staff or parent of a student answers, “Yes” to any of the above questions, they are to contact the Assistant Program Director for their building, plan to stay home for the day, and await instruction from nursing. The Center will work with each individual employee who sets forth this information to determine use of leave and return to work protocols, in accordance with guidance and directives that have been issued by the federal, state and local public health authorities and governmental agencies.

Upon arrival at school, staff and students must have his or her temperature checked by an identified staff who will record the temperature. Staff may record her or his own temperature if an identified staff is not available. Students other than residential students (who have been checked prior to leaving for school), must have his or her temperature checked by the nurse, or designated staff person, in the designated area (lobby) upon arrival.

Positive Screen Protocols: Any individual who screens positive for COVID-19 exposure or symptoms at the daily morning check or during the school day, must be immediately isolated and assessed by the nurse. If determined as a probable case, the student will be sent home with instructions to contact their health care provider for assessment and testing. **Parents must pick up their child within one hour of notification.** Students who are being sent home because of a positive screen (e.g., onset of COVID-19 symptoms) must be immediately separated from other students in an identified isolation area (Conference Room at Providence, and Staff Lounge at Coventry) and **supervised by staff in full PPE** until their parent/legal guardian or emergency contact can retrieve them from school. For probable cases and when there is or has been a COVID positive case in the school, the staff and students who were in the classroom with the affected individual will vacate that classroom and close it, move to 12-foot distances between dyads within the gym, and will be sent home with instructions to quarantine pending a negative test result. **(If there are no COVID positive cases in the school, vacating the classroom and sending home the rest of the persons in the room are not necessary per current guidelines.)** If the result is positive, staff and students exposed need to quarantine at home for 14 days from day of exposure. For non-probable cases, the affected individual will be isolated and quarantined, and all other students and staff can remain in the classroom and await direction from nursing.

The Center must immediately notify the state and local health department about the case if diagnostic test results are positive for COVID-19. Health officials, staff, and families will be notified of any possible case of COVID-19 while maintaining confidentiality consistent with all applicable federal and state privacy laws.

The Center will follow protocols set forth by the CDC and DOH for closure, and sanitizing of areas that have been occupied by the individual (see “Facilities and Operations” below). Staff or children diagnosed with or showing symptoms of COVID-19 will be advised not to return until they have met CDC and/or DOH criteria to discontinue home isolation. The Center will cooperate with contact tracing efforts, including notification of potential contacts, such as employees or students who had close contact with the individual, while maintaining confidentiality required by state and federal law and regulations.

Plan for Returning to School: The determination for safely returning to school/ work will be made by our nursing department based on up-to-date guidance from RIDOH and RIDE. Current guidance recommends that students who become sick at school and are sent home, may return with a negative test result. Students who become sick at school, are sent home and have a positive test result may return to school provided all three of these CDC criteria are met: 1) 10 days (20 days for immunocompromised) since symptoms first emerged, AND 2) 24 hours without fever without medication, AND 3) improvement in symptoms. Other students who were exposed to an individual who tests positive may return after 14 days without symptoms.

These rules will apply to staff as well as students. If, however, staff are considered essential workers (residential) and are needed for staffing, in consultation with DOH, these staff may work if asymptomatic during a quarantine period:

- a. Regular monitoring: The employee must self-monitor for a temperature greater than or equal to 100.0 degrees Fahrenheit every 4 hours and symptoms consistent with COVID-19 under the supervision of their employer’s occupational health program.
- b. Wear a mask: The employee must wear a face mask at all times while in the workplace.
- c. Social distance: The employee must continue social distancing practices as outlined in this document.
- d. Sanitize and disinfect workspaces: The employer must continue to regularly sanitize and disinfect all areas, such as offices, bathrooms, common areas, and shared electronic equipment.

Compliance will be monitored and documented by the Center and employee.

Physical Space: The Center and/or teacher will examine the current classroom layout to determine the capacity within parameters of proper social distancing to the greatest extent possible and make adjustments as necessary. Alternative spaces in the school (e.g., cafeteria and gym) could be repurposed to increase the amount of available space to accommodate the maximum distance possible.

In these larger spaces, establishing consistent groupings/classes with separation between the cohorts/classes provides another option to maximize these spaces safely. Social distancing markers will be posted using tape or signs that denote 6 ft. of spacing in commonly used and other applicable areas.

Pods or Cohorts of Students/Classrooms: To minimize the number of students who would potentially be exposed in the event of a COVID-19 event, to the extent feasible, classrooms will aim to keep students

and staff in the same group throughout the day. Teachers are encouraged to maintain consistent cohorts within a class to the extent feasible. Staff should look for ways to isolate groups of students and prevent inter-group contact to the extent feasible. Community Learning Experiences (CLEs) or other gatherings inside or outside of the school will be curtailed unless specifically permitted by the SCT.

Each child's personal belongings should be kept separated from others' and in individually labeled containers, cubbies, or areas. Avoid sharing electronic devices, toys, books, and other games or learning aids. Place communal materials in special areas. Classrooms should have adequate supplies to minimize sharing of high touch materials to the extent possible (art supplies, music equipment, technology equipment, general classroom supplies) or use of supplies and equipment should be limited by one group of children at a time and sanitized and disinfected between use. Each building will create traffic patterns that best adhere to the social distancing guidelines. Such rerouting must address accessibility issues.

Support Calls to Classrooms: The Safety Care crisis intervention curriculum has been revised with COVID precautions in mind, and staff will receive this training at the beginning of the school year. Safety Care suggests that full PPE (masks, gloves, face shields, and gowns) be worn for physical interventions with students, and staff will 1) wear gowns proactively if working with a client where physical intervention is deemed likely by the clinician and teacher, and 2) put on a gown, switching out with other staff, if called to a support call.

When a support call is made, staff will proceed to the classroom as has been done in the past. The teacher or lead staff will only accept into the room the needed number of staff, and will document staff involved on the addendum as has been done in the past. If there are multiple calls on the same day, lead staff should attempt to maintain the same support staff if possible. If a student become symptomatic in a classroom where there have been support calls and the staff in that classroom need to quarantine, the nurse will determine if the staff in the classroom that support call staff returned to also need to quarantine.

Absentee Protocols for Employees: Accommodations for vulnerable employees with underlying medical conditions or employees who have household members with underlying health conditions will be made to the extent practicable and possible in conjunction with Human Resources and Groden policy. Employees should contact their supervisor and Human Resources to initiate the discussion.

Meetings: Staff meetings, interviews, IEP meetings, training, professional development, and any other situation requiring dense congregations of people will be held using video or tele-conferencing when possible. Situations requiring in-person gatherings will ensure appropriate social distancing is maintained and will be held in open, well-ventilated spaces. Masks are always required for any in-person meeting or when gathering in an enclosed space, even when social distancing protocols are maintained.

3. Facilities and Operations

A thorough cleaning and sanitization will take place prior to students returning in the fall for any given learning format. Disinfecting products that meet the EPA's criteria for use against SARS-CoV-2 have been procured and will be used.

Prior to the schools opening each day, the Assistant Program Directors will ensure that sufficient PPE is available, ensure that layouts of the classrooms have been maintained to maximize social distancing,

ensure scheduled sanitizing and disinfecting has taken place, and ensure that appropriate signage remains in place.

Each evening, custodial staff will sanitize the buildings and disinfect surfaces. Deep sanitization will be scheduled as needed. During the day, classrooms will be surface-sanitized using approved supplies for disinfection after lunch, at the conclusion of the day, and during learning periods as needed. Surface sanitizing includes the sanitization of table-tops, keyboards, electronic devices, learning materials used, door knobs and other areas identified on the checklist. Completion of scheduled sanitization will be documented in the appropriate section of the classroom binder.

Restrooms will be surface-sanitized by staff after each use by staff or students. School buses will be surface-sanitized after each use.

If there is a suspected or confirmed case, affected areas will be closed off and remaining staff and students moved to another area and await guidance from nursing. The designated person will communicate this information to RIDOH, sending LEAs and staff and families, and initiate contact tracing as needed. Windows will be opened to increase air flow and the area will not be entered for 24 hours. Custodial staff will perform a deep cleaning of all areas affected after a 24-hour period. Once the affected areas have been sanitized and disinfected, the areas will be reopened for use. Individuals without close or proximate contact with the individual may resume activities in the areas immediately after disinfection.

Ventilation: Circulation of outdoor air will be increased as much as possible through both natural and mechanical means. Established HVAC inspection and maintenance requirements will be followed that will preserve our system's ability to achieve maximum ventilation of our buildings. Because there are no forced-air systems in either building, air purifiers are in each classroom and have HEPA filters which circulate the air 4-5 times per hour.

Hygiene: The Center will ensure adherence to the hygiene and sanitization requirements from the CDC and the RIDOH. This information will be used by the Center to train faculty and staff. The Center will provide hand hygiene stations around the school including hand washing stations (existing in restrooms) with soap, running water, disposable paper towels and hand sanitizing stations with alcohol-based sanitizer (at least 60% alcohol).

Employees and students will be instructed to wash their hands for at least 20 seconds with soap and water frequently throughout the day, but especially at the beginning and end of their day, prior to any mealtimes and after using the toilet. Main entrances, common areas, classrooms, and office spaces will be provided with hand sanitizer that can be used for hand hygiene in place of soap and water, as long as hands are not visibly soiled.

The Center will ensure disinfecting products will be provided and located on/near commonly shared equipment and supplies (e.g. copiers). Prior to use of a shared piece of equipment, an employee should disinfect the surfaces that will be touched. After use of a shared piece of equipment, the employee should disinfect the surfaces that were touched. Employees should then practice hand-washing or hand sanitization procedures. Signs will be posted throughout the facilities reminding employees to stop and sanitize before and after use of equipment and supplies. Disinfecting products will be provided in various locations throughout the buildings for faculty and staff to disinfect commonly used surfaces

periodically throughout the day. Hand sanitizers will be available near high-touch surfaces throughout the building. Receptacles will be available around the school for disposal of soiled items (paper towels, masks, etc). Signs will be posted throughout the facilities to instruct staff and students about proper hand washing procedures and reminding them to hand-wash and/or hand sanitize frequently.

Visitors: Visitors to the buildings will be limited. In general, the buildings will be open only to Center employees, service providers, contractors, vendors, and delivery people. Parents, building/classroom volunteers, and other guests will not be allowed unless extenuating circumstances are present.

Visitors who buzz for entry to any building will be communicated through the buzzer system only. Office staff will ask the purpose for their visit and whether their business can be accomplished through phone, email, or mail. If they are dropping something off, they should be advised to leave the item at the door.

Only visitors with scheduled meetings with an employee in the building should be allowed in. Visitors will be required to sign in and complete the screening and temperature check, sanitize their hands upon entry to the building and wear a face covering. Disposable masks will be available for those who need one. To the extent possible, video and tele-conferencing will be used. Every attempt will be made to avoid in-person meetings. Delivery people are required to wear a face covering when entering the building. Social distancing should be practiced.

Safety Drills (Fire & Lockdown Drills): The safety of our employees and students is a top priority. Safety drills (i.e., fire and lockdown drills) will be performed as required, students (as possible/tolerated) and staff will wear face coverings (students as possible) and social distance at exit and gathering points outside the building, including modifications to ensure distances between persons/dyads.

4) Building Procedures

Considerations for All Locations: Student Flow, Entry, Exit, & Common Areas

- Screening in lobby near the entrance
- Minimize interaction of students between drop-off and entrance to school facilities
- Stagger arrival and drop-off times or locations by cohort or limit contact between cohorts and direct contact with parents as much as possible
- Establish separate entrances and exits to school facilities where possible: Residential students will use the rear entrance at Providence, and left door at Coventry
- Create "one-way routes" in hallways and mark them with tape
- Maintain social distancing in hallways and common areas
- Minimize the number of non-essential interactions between students and staff throughout the school day
- Minimize large group gatherings
- Provide hand sanitizer at school entrances
- Put signage around school buildings to provide hygiene advice and reminders
- Increase frequency of sanitizing all surfaces, including walls (to the appropriate height based on age of students)
- Limit the number of students in the hallway at the same time
- Install physical barriers, such as sneeze guards and partitions, particularly in areas where it is difficult for individuals to remain at least 6 feet apart (e.g., reception desks)

-Limits access, if at all, to lockers to keep traffic in the hallways within social distancing protocols

Arrival and Dismissal: Staff will not congregate at arrival or dismissal, but rather pick up or release students in a staggered fashion to maintain social distancing as much as possible. Drop off/ pick up will be handled with individual staff-student contacts to maintain consistency (based on classroom/ stable pod). As non-residential students arrive, classroom staff will be called to collect the student from the bus with a walkie-talkie and escort the student through the screening process with the school nurse. Students will be removed from buses one at a time by staff and student-staff dyads will wait at appropriate 6-foot distance markings before proceeding forward during screening, if there is any delay in the process. Residential students will enter from a separate door (as they are screened before leaving the residence) in order to avoid any cross-contamination.

Parents who drop off students will also follow proper distancing outside the building (or remain in their car in the event of inclement weather). Students will enter the building with assigned classroom staff and parents are expected to wait for a successful screening to be completed before leaving the school campus.

Transportation: Non-residential students will be transported in accordance with policies and procedures put in place by RIDE and the transportation organization, and will abide by these expectations. Groden vans that transport residential students to and from the residences will be sanitized daily, and follow all CDC guidelines related to sanitization, disinfecting, masks, social distancing, and related guidance. The number of staff and residents allowed on a van at any given time will be determined by nursing and informed by best practice guidelines, so additional trips between locations may be necessary. Only staff and students assigned to a specific home may use the van associated with that home. Health checks will be required before entering the vehicle in the morning and at the time of return in the afternoon, and seats will be assigned to maximize social distancing. The person sanitizing the van will complete the "vehicle cleaning" checklist.

Classroom Configurations and Schedules: Classrooms will be designed with assigned areas being 6 feet from each other whenever feasible, and a 6 foot distance should be maintained as possible within classrooms throughout the day. Avoid areas facing each other if possible. Group activities should be curtailed if 6-foot social distancing can't be maintained. Lunches and snack should be taken at the student's desk if 6-foot social distancing can't be in place. Seating should be on one side of tables as possible. Use outdoor space as health and safety conditions and physical space allows.

Restroom Spaces: Each classroom pod will have a restroom that they must use on a consistent basis. Social distancing should be maintained in bathrooms and students/staff should not use sinks next to each other. Depending on the configuration of the restroom, certain areas should be "taped off" to discourage proximity, and no more than two staff/student dyads should be in any given restroom at a time. Restrooms need to be sanitized after each use as described above. Restrooms will be surface-sanitized on the same schedule as classrooms, and sanitized by the classroom with the closest proximity to that restroom, or on a rotating basis.

Outside Space & Playground: Follow all CDC, state, and local guidelines related to social distancing and disinfecting areas and equipment used for physical education and physical activity. Minimize exposure

from playground and fitness equipment use, including but not limited to ensuring only one pod/cohort uses it at the same time, hand washing before and after use or use of hand sanitizer, and disinfecting equipment or other smaller outside equipment after each group of students' use. Increase supervision to monitor social distancing, as appropriate.

5) Instruction Plan and Progress Monitoring

Instructional Resources and Engagement Efforts: For both distance learning and in-person services, special education teachers are encouraged to continue to use curriculum materials available to them through licensed resources as well as individually designed materials created in accordance with their IEP. Online curriculum and resources include, but are not limited to, technologies such as the Unique Curriculum, Google classroom, Reading A-Z, Powerschool, Happy Numbers at Home, and Boom Cards. As always, staff are only allowed to use these resources and technologies as copyright and licensing allows.

Engagement and mastery in a full re-opening scenario will continue through the extensive data collection system currently included student programming. For partial or limited re-opening scenarios, engagement and mastery is assessed through contact with parents by special education teachers and clinicians on a regular basis or as much as possible. Many of these technologies offer built-in progress monitoring. Special education teachers will continually monitor the progress of students on their IEP in any given scenario. As a 12-month program, our students have been provided with all necessary supports (resources, progress monitoring, behavioral supports, and assessment of engagement) on an ongoing basis since the initial school closure in March 2020. All students at the Groden Center have an IEP and services are individually applied, as dictated by the IEP.

Regardless of the opening scenario, the Groden Center will continue to provide SLP, OT, and Behavioral supports through a consultation model. Specialized staff (SLP, OT, BCBA) provide ongoing training and consultation to direct care staff for continual implementation of services in accordance with student IEP goals. This takes place in classroom in an in-person model and will continue for any in-person scenario and will be done virtually for any distance learning.

As distance learning was maintained since March for all of our students, many services (SLP, OT, Behavioral supports) and special education services were all offered remotely for students at home. Residential students were supported by school program staff 5-days a week to ensure continual supports were offered and there were no disruptions in services. Assessments have been continued, whenever possible, in the residential setting for those clients and virtually, if possible, for clients at home. Per parents and LEA agreement, IEP meetings were conducted virtually in accordance to IEP timelines. Assessments requiring some in-person formal testing are scheduled to take place early in September to address any assessments or IEP meetings that were missed. All LEAs have been in continual communication with the Groden Center to ensure a coordinated effort.

Given that our program runs 12-months of the year, Groden Center students have been afforded a continuity of services throughout the summer. We have learned that the processes active in the remote learning model have worked effectively in supporting students and families and regular contacts by special education teachers, resource staff (SLP, OT, APE, social groups), and clinicians will continue. Due to having to adapt to virtual delivery of services, there may be a potential to increase the number of IEP meetings now that this has become common practice for staff, LEAs, and families.

Assessment of Student Progress and Management of Potential Regression in September 2020: At the Groden Center, each student has an IEP and the special education teacher, resource staff (OT, SLP, APE) and clinicians (BCBAs) continuously assess and monitor the need for additional academic, vocational, and social-emotional supports. This is achieved through direct monitoring of students in classroom on a day-to-day basis, consultation with parents, continual data collection and analysis, regular clinical meetings and case consultations, and in IEP meetings. In addition to ongoing analysis and monitoring of progress for IEP goals, annual assessments are conducted using the AFLS, ABBLs, and VB-MAPP for all students. Interventions are developed based on need and in alignment with IEP goals. These interventions are implemented with supervision and integrity and may be revised or withdrawn based on ongoing academic and clinical assessments.

For a full re-opening scenario, students will resume daily assessment of progress utilizing standard Groden data collection and analysis procedures. Upon re-entry, staff will take baseline data on academic programs to establish instructional needs and identify the appropriate supports. If necessary, portions of annual assessments (AFLS, ABBLs, and VB-MAPP) will be repeated so that accurate assessment of progress (or potential regression) is realized. For our residential students, Groden staff and special education teachers have largely maintained programming despite school closure by providing distance learning support in the residence. As such, the assessments needs will vary from student to student. Based on the results of these assessments, instructional supports will be added or modified on an individual basis to address any needs.

The same process will be in-place for partial re-opening scenarios with increased reliance on parental support. For full and partial in-person scenarios, student assessment will be emphasized upon re-entry to ensure accurate and individualized programs that account for any potential regression or needs. For scenarios when the amount of in-person contact is more significantly reduced (limited or full distance learning), parents will assist in facilitating the assessment or providing the outcome of the student work with teacher and specialist guidance. These assessments will be completed virtually with parents' collaboration to continue to monitor student progress on goals through regular contacts, video conferencing, photos submissions of student work, appropriate technologies/ online curricula, and parent data collection. As always, any significant areas of regression or concern will be communicated directly to LEAs to determine if IEP amendments are necessary.

Indeed, it is our expectation that for a partial or full re-opening, our initial emphasis on student assessment of functioning might necessitate reviewing or modifying IEPs with sending districts. For limited or distance learning scenarios, special education teachers will continue to monitor the IEP goals and LEAs will be contacted should additional consultation be necessary. IEP's will be reviewed as needed per teacher, support staff, BCBA's, parent, and District representative requests as needs become apparent.

Staff Training and Support: All Groden Center staff have access to the IT Department and are encouraged to participate in professional development opportunities as needed to further develop and refine their expertise in education, behavioral principles, and issues related to human services, as well as the use of technology for virtual learning. All staff, prior to students returning and again as needed, will receive in-person or virtual education and training in these areas and will be expected to follow these

guidelines at all times. Binders will be available in each classroom with copies of the signage, as well as this document and other important information and materials.

The Groden Center has regularly scheduled trainings throughout the year which will continue to be provided for any in-person scenario. In a distance learning scenario, this will be offered through virtual or webinars. The annual training series offered by the Groden Center provides modules on ethics, trauma/ abuse, positive psychology topics, cultural diversity, and behavioral modifications.

Parent and Staff Comfort: We recognize that returning to in-person learning presents a number of concerns for many of our families, students, and staff. In addition to continual communication assessing parent comfort level in students returning to the school building, surveys have been and will continue to be conducted to solicit feedback from parents and staff to assess effectiveness of service delivery. Teachers are in continual communication with supervisors and administrative staff to assess any areas of need and resolve any potential issues. Administrative staff are also available through video conferencing, email, or phone for all Groden staff.

School-Home Communication: Every student has a homeschool communication book that goes home daily. This communication includes how the student's day went, progress on goals, and relevant information about behavioral functioning and/or social-emotional needs. Parents are also recipients of progress reports that are issued 4 times a year.

Parent communication includes the Blackboard Connect system, as well as emails, letters, or phone calls, as necessary to inform them of changes of changes in health and safety guidelines and issues related to distance learning.

A Note Regarding our Unique Student Body: For our students, in-person learning with highly trained staff and individualized supports is ideal and superior to services delivered in the home by parents or other caregivers. In-person allows for hands-on instruction and moment-to-moment correction, and access to specialized classroom materials and highly trained resource staff. We are providing online instruction to the best of our abilities and have been adaptive and responsive in identifying methods to support families in approximate the in-person learning, data collection, data analysis, behavior supports, and social-emotional supports available at the Groden Center.

The philosophy of the Groden Center emphasizes stress reduction through strong relationships with staff that maximize learning and positive coping. Another aspect of the Groden model is active engagement with families, which is supported by continual communication with Groden Center staff and the Family Services Coordinator. The Groden model also emphasizes positive psychology, with practices including kindness, resiliency, optimism, and other areas that foster a positive classroom culture and build relationships. In scenarios with less in-person contact, regular contact with parents and students by phone will help to maintain relationships with the school. Teachers will also utilize video conferencing to work individually with students in a number of areas. Social groups for students and parent groups will be continued to help maintain a sense of community and offer additional supports.

6) Nutrition

Lunches for students who are signed up for the hot lunch program will be supplied from an outside vendor, and students will eat any meals or snacks at their desks. "Pot luck" style meals are not allowed,

and sharing of food or utensils is not allowed. Plastic utensils should be used whenever possible and discarded after use.

7) Emotional Well-being Measures

The COVID-19 pandemic has created a highly stressful and uncertain situation that has affected everyone, including our staff, students, parents and other stakeholders. For this reason, we want to give special attention to the mental and emotional well-being of everyone. For example, when planning movements between agencies that requires quarantine, leadership staff should consider of the effects of other clients living in the home in terms of their ability to leave the house or visit with family.

Readiness to Return to In-Person Learning: A re-opening survey was distributed to families to assess readiness to return to in-person learning. The majority of respondents (91%) indicated a desire to send their children back to in-person learning. Our Special Education Teachers and Clinical staff have regular contact with all Groden Center families to monitor concerns, support the family, and assess comfort in readiness to return to school. Our survey data included revealed that the majority (91%) also responded favorably to a hybrid model (if that was determined to be the safest plan per RIDE, RIDOH, and The Groden Center), as well as a willingness to transport their child if transportation was not available (69% of parents). 56% of parents indicated a willingness to send their child on the school bus if that was an available option.

All respondents reported some level of concern about illness exposure and the precautions necessary to contain the spread of the virus. All considerations offered by parents in the survey were incorporated in our planning process. Overwhelmingly, parents also reported confidence in the Groden Center's ability to take the necessary precautions to open safely and adhere to the necessary protocols.

Groden Center staff were consulted regarding their comfort level as it relates to re-opening for full in-person learning and expressed a desire to return to the school building and support students and families as much as possible. Staff are encouraged to speak with their supervisor and our Human Resources department regarding any concerns about returning to in-person instruction.

Supports Designed for Various Learning Scenarios: For students returning to in-person learning, each classroom has a licensed behavior analyst available to assist with appropriate coping strategies for each student. These staff are available at all times and will be in classrooms to continually monitor the well-being and mental health of our students. These clinicians are supported by licensed psychologists who are able to assist in creating tools and interventions tailored to each child's needs. We will continue our weekly clinical meetings for peer consultation and guidance for all clinical staff. Our staff has been available to all families during the initial phase of the pandemic, and along with the Special Education Teachers and Family Services Coordinator, have supported families and students in many ways. Interventions have included specialized imagery tools, phone conferences and supports, tailored learning materials, and groups for both students and parents.

For parents and families, we will communicate daily or as arranged to fit each families' schedule, as we have in the past. We will make every effort to keep parents/ guardians informed of the status of our program, and any changes that may need to be made. We will continue to offer groups so that families can communicate with each other, support each other, and know that we are working together and no one is alone. Our Family Services Coordinator is always available to families to assist with special

situations as they arise. If there are other ways we can support parents and families, we will remain open, receptive, and responsive.

For our staff, we will communicate information on a regular basis as it becomes available, maintain a clear structure so that questions can be responded to in an effective manner, and provide supports as needed with the help of our Human Resources department. We understand the strain this has put on staff, and appreciate all that staff have done to maintain services to the students and their families. Staff are encouraged to communicate to supervisors or HR if they feel distressed, burdened, or overwhelmed by the ongoing situation. Resources available to staff include:

- Mental Health Resources from RIDE:

<https://www.ride.ri.gov/StudentsFamilies/HealthSafety/MentalHealthResourcesforCOVID-19.aspx>

-Resources are available for Groden Center staff covered by BCBS of RI for therapeutic support. Staff who carry this coverage can contact HR for instruction on how to access these service

(<https://www.bcbsri.com>).

-Additional mental health resources are available at the National Alliance on Mental Illness

(<https://www.nami.org/Home>)

-RI Department of Health BH Link at 414-LINK(5465)

-Resources for Therapeutic Support

RICBT 401-294-0451 (three locations in RI)

East Providence

400 Massasoit Ave.
East Providence, RI 02914
Suite 305

North Kingstown

1130 Ten Rod Road
North Kingstown, RI 02852
Bldg. E | 3rd F | Suites 302, 305, 308

Barrington

60 Bay Spring Avenue, Unit 5B
Barrington, RI 02806

Providence Behavioral Health Associates, Inc.

1086 Smith Street
Providence, RI 02908
Tel: (401) 369-9224

Providence Psychology Services

245 Waterman St # 202
Providence, RI 02906
Tel: 273-3322

-Psychiatric/ Neurology referrals are available for staff and students upon request

-National Suicide Prevention Lifeline

1-800-273-8255

<https://suicidepreventionlifeline.org/>

-Additional Resources available at: <https://health.ri.gov/publications/resourcedirectories/mental-and-behavioral-health.pdf>

-In the event of a student or staff death, the clinical will implement an established bereavement protocol outlining strategies to support grieving students and staff.

8) School Schedules

The Groden Center has planned for a full in-person schedule, a partial in-person schedule, a limited in-person schedule, and a distance learning model. In preparation for any number of scenarios, the Groden Center's SCT has already executed a school-wide re-organization of students, staff, and classrooms.

General Re-organization of Students and Classrooms: In order to best meet social distancing needs and ensure smaller and more stable pods, students and staff have been re-organized into small classes of 8 students with 5-7 staff assigned to the same group for a full re-opening. For the full re-opening scenario, we have arranged to have each classroom/ pod capped at 15 people (including students and staff). These classrooms have been distributed across two campuses in the School Program (Coventry and Providence) in order to allow for improved utilizations of space and a reduced flow of traffic within each building. For partial re-opening, approximately half of the students (beyond the residential students) will be present on alternating days, resulting in 4-6 students in each classroom with staffing reduced to 4 staff plus any 1:1 coverage required. For limited re-opening, all residential students and a select number of non-residential students will be in attendance (in-person) and classroom sizes will be 3 or fewer per classroom with 2-4 staff depending on 1:1 coverage needs.

Each learning scenario is described in more detail below:

In-Person Scenario: All staff and students will attend school in the physical building for a full day on each scheduled school day and instruction will be delivered in identified classroom areas with established precautions for maintaining health and safety. Social distancing measures will be in place and masks are to be worn. Using this model, students will be present and involved in the school environment. In addition, instructional programs, for the most part, will maintain their current integrity.

Partial In-Person Scenario: In this model, approximately half of the students will attend the schools on any given day, to increase the space between classrooms, expand the space available to attending students, and decrease exposure of students to each other. Residential clients (19) will need to attend each day in this scenario so that all staff are in the building, but otherwise, half of the remaining students will attend school on Monday and Tuesday (30), and half of the remaining students will attend school on Thursday and Friday (30). Specific student attendance will be aligned with a reduction of each classroom to approximately half attendance, or 4-6 students per classroom. Adjustments to this scenario may be made based on individual client need and successful implementation of versions of this particular scenario.

Students who are not at school will be supported by staff in a distance learning format, with materials and supports being made available as they have been in the initial phase of the pandemic. Staff will support the residential clients in the residences on Wednesday, other students will remain home, and remaining staff will deep sanitize the school building or handle other requirements/attend meetings or trainings as indicated.

Limited In-Person Scenario: In this model only a small number of higher-need students (as identified by the clinical team) will attend school. This group will consist of the residential clients, and approximately 10 additional students who are not residential. The total number of students attending under this model will be less than or equal to 30 with approximately 3 students per classroom. The number of classrooms will be maximized as feasible for this model, for safe support of the students and to maintain safety measures outlined in this document. Consistent with the partial in-person scenario, students who are not at school on any given day will be supported by staff in a distance learning format.

Distance Learning/Current Remote Model: Students will not attend school in the physical building. Instruction will be conducted through materials sent home, contacts with families, and digitally through online methods. The expectations for students and teachers, and protocols for delivering instructional materials, assessing student work, and providing feedback will be consistent with the format of distance learning in place for mid-March through August of 2020.

Efforts by Agency to Maintain and Recruit Staff: The Groden Center's HR department is actively recruiting new staff to fill any openings for all open positions and have staff who are instrumental in the reopening process returned to his or her available and necessary schedule in consideration of the pandemic. An outside vendor is contracted to provide temporary staff as needed (with semi-consistent assignments to the Groden Center, whenever possible).

Mitigation of Cross-Contamination Between Classrooms/ Pods: At the Groden Center, we are already fortunate to have small class sizes, with the potential for limited movement within the building. Most of the classes remain in their homeroom for the day, with resource staff programming consultative services for all students, and scheduled attendance in physical education, vocational activities, community learning opportunities, and other resource services (SLP, OT, social, recreational). In order to reduce risk, all classrooms will remain largely within their homeroom classroom each day. SLP, OT, Behavioral, and social supports will be delivered through curriculum within the classroom, as well as socially-distanced consultation from Groden resource staff. Previous activities such as vocational activities in the community, community outings for pleasure, and other social opportunities (deliveries, etc), will no longer be allowed until deemed safe by RIDE, RIDOH, and the Groden Center's Nursing Department.

Schedules have been developed to ensure limited cross-exposure for each classroom/pod to access physical education, playground and outside opportunities, and bathroom/ hand-washing before meals. As our total number of students within each building currently ranges between 36-42 students, movement within the building is easily accomplished in an organized and structured manner to avoid more than one classroom/ pod transitioning at any given time within the building. Lunches from the hot lunch program will be delivered to each classroom.

Drop off/ pick up will be handled with individual staff-student contacts to maintain consistency (based on classroom/ stable pod). As students arrive, classroom staff will be called to collect the student from

the bus with a walkie-talkie and escort the student through the screening process with the school nurse. Students will be removed from buses one at a time by staff and student-staff dyads will wait at appropriate 6-foot distance markings before proceeding forward during screening, if there is any delay in the process.

Parents who drop off students will also follow designated markings outside the building (or remain in their car in the event of inclement weather). Students will enter the building with assigned classroom staff and parents are expected to wait for a negative screening to be completed before leaving the campus.

9) Technology and Connectivity

Consistent and reliable access to high-speed internet at sufficient levels allows students and teachers to fully participate in remote/hybrid learning models, and other supports offered by the Groden Center. Our staff is available to assist as possible with this area, and teachers and parents should communicate if there are connectivity issues or if they are in need of technical support. The Groden Center staff will continue to explore creative means of supporting students and families at home, should formats other than full in-person be needed.

10) Other Special Considerations and Information

The information and planning contained in this document will likely need to be amended and altered as additional information becomes available, or as guidelines from state and federal agencies changes. Every effort will be made to communicate these changes when they occur.

Parents may transport their children to school if they so choose or are able to do so. Students may be transported as indicated by bussing procedures as identified by RIDE. Residential vans will transport students in consistent groups that have been present in the residences during April-August of 2020.

For crisis prevention/emergency/physical interventions situations, the Assistant Program Director will admit to the classroom only necessary and needed staff who respond to an "all-call." If there are multiple calls to a classroom in one day, staff admitted will remain as consistent as possible.

In order to accommodate our students' need for movement, staff will have access to large open areas, such as a playground, outdoor area, or gymnasium, according to a schedule.

Staff will follow social distancing and related guidelines when on break. Staff are not permitted to share food or other items, or take part in any "pot-luck" style activity.

Groden Residential Program: Transitioning and Transfer Guidelines

Groden residential and the RITE program will allow both internal transfers from RITE to residential openings, and external admissions to RITE and the residential program from home and hospital settings. The procedure and guidelines are determined through Nursing's communication with the RI Department of Health and DCYF and is currently as follows:

- 1) When a client transfers from RITE to the residential program, he or she only needs a negative COVID test just prior to the move and 14 days of being symptom-free. Quarantine following the move is no longer a requirement.

2) Admissions from the hospital or home setting to the RITE program or to the residential program require 14 days of being symptom-free, a negative COVID test just prior to the transition, and a quarantine for a two-week period at the site receiving the client. Nursing will determine the need for partial or whole-house quarantine.