

Note: This plan version reflects guidelines provided by the NJDOE as of May 4, 2020.

A. Promote the daily practice of everyday preventive actions at all times

1. Stay home when you are sick and advise students, staff, and parents to do the same.
2. Stay home for at least 24 hours after you no longer have a fever or signs of a fever without the use of fever-reducing medicines.
3. Cover your coughs and sneezes with a tissue. Discard used tissues immediately. Wash your hands often with soap and water for at least 20 seconds.
4. Use at least a 60% alcohol-based hand sanitizer if soap and water are not available.
5. Clean frequently touched surfaces and objects and check-in with cleaning personnel to verify regular cleaning and disinfecting. Schools should follow standard procedures for routine cleaning and disinfecting with an EPA-registered product. Typically, this means daily sanitizing surfaces and objects that are touched often, such as desks, countertops, doorknobs, computer keyboards, hands-on learning items, faucet handles, phones, and toys.
6. Provide flu-prevention supplies in your school. Have supplies on hand for staff and students, such as soap, hand sanitizer with at least 60% alcohol, tissues, trash baskets, and disposable facemasks. Plan to have extra supplies on hand during a pandemic. Note: (Keep hand sanitizers out of reach of small children. Use of alcohol-based hand sanitizers has raised concerns about eye contamination, skin reactions, alcohol poisoning, and flammability. Small children should only use hand sanitizers under adult supervision).

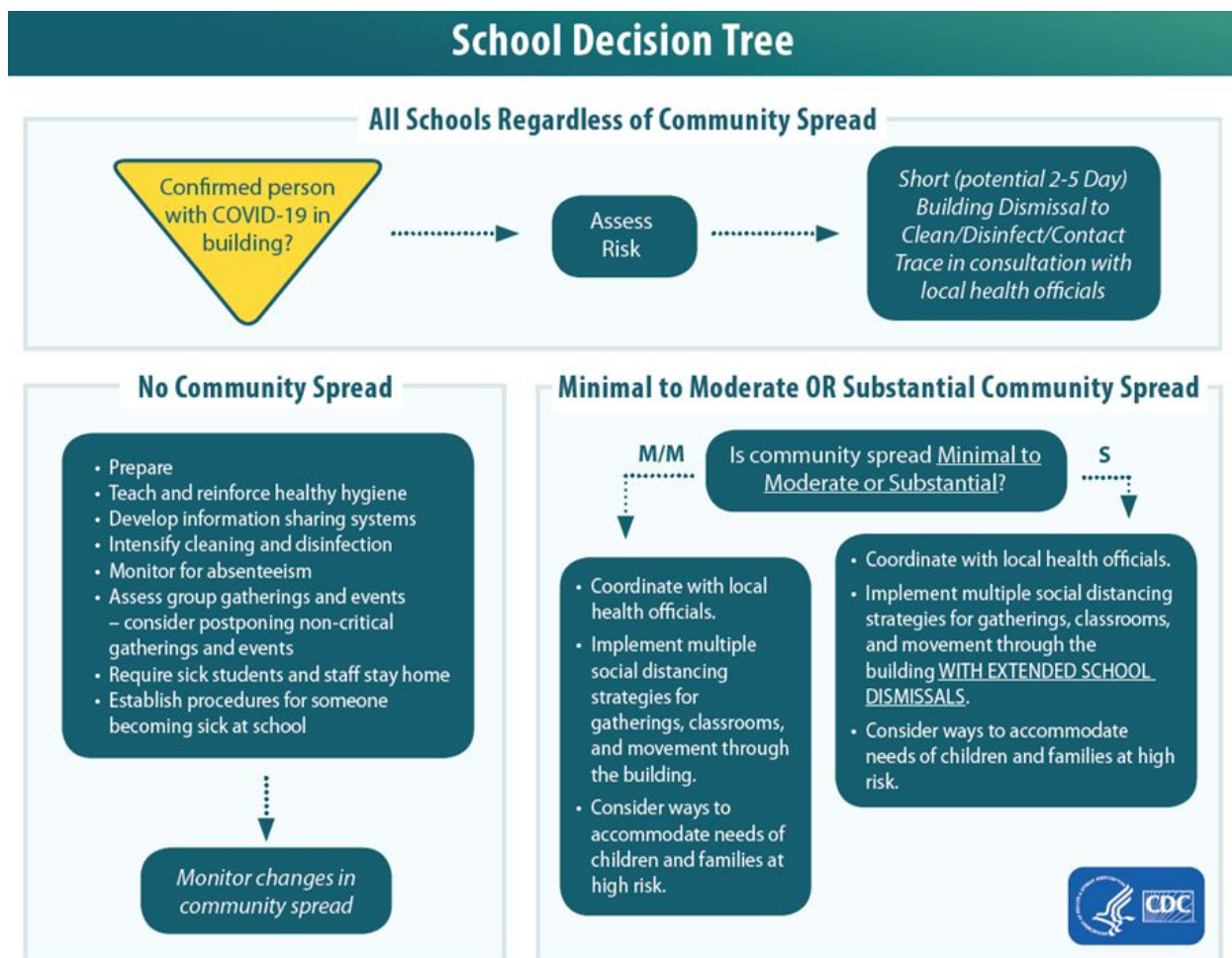
B. Coordinate with Your Local Health Officials

Establish Contact with your Local Health Department: www.localhealth.nj.gov

Sage Day Princeton:

- i. Hamilton Twp Division of Health
- ii. Health Officer: Kristin Reed 609-689-5562
- iii. Emergency After Hours: 609-890-3820

C. Plan Response to Students and Staff Illness in School



1. COVID-19 presents with signs and symptoms that may be indistinguishable from much more common respiratory viruses. At this time, respiratory illnesses are much more likely to be due to common viruses (e.g., influenza, common cold) than COVID-19. If a community (or more specifically, a school) has cases of COVID-19, local health officials will help identify those individuals and will follow up on next steps. Schools are not expected to screen students or staff to identify cases of COVID-19.
2. The main symptoms of COVID-19 are FEVER, COUGH, and DIFFICULTY BREATHING
3. Students with fever, cough, or difficulty breathing should be placed away from others and asked to wear a face mask until they can be sent home.
4. Staff members should be sent home and advised to seek medical advice.
5. Notify your **local health department** with any questions or concerns about an ill student.
6. Identify space that can be used to separate sick people (if possible).
7. Designate a space for sick staff and students who cannot leave school immediately.
8. If possible, designate a nearby separate bathroom just for sick people.
 - a. Develop a plan for cleaning the room daily.

9. Plan ways to increase the space between people to at least **6 feet** and limit face-to-face contact between people at school. Several ways to do this include moving desks farther apart, leaving empty seats between students, dividing classes into smaller groups, holding outdoor classes, and canceling school-related group meetings and activities.
10. Work closely with local public health officials to develop a contingency plan if assessing and managing risks among staff and students is needed (for example, conducting daily health screenings for flu-like symptoms during a pandemic).
11. Review your process for planning school events. Identify actions to take if you need to postpone or cancel events, such as sporting and special events.
12. Consider limiting access to school campuses by nonessential visitors.
13. Implement flexible attendance and sick leave policies.

D. Plan for Reopening

1. Establish and continue communication with local and State authorities to determine current mitigation levels in your community.
2. Protect and support staff and students who are at higher risk for severe illness, such as providing options for telework and virtual learning.
3. Follow CDC's Guidance for Schools and Childcare Programs.
4. Provide teachers and staff from higher transmission areas (earlier Phase areas) telework and other options as feasible to eliminate travel to schools and camps in lower transmission (later Phase) areas and vice versa.
5. Ensure external community organizations that use the facilities also follow this guidance.

Phase 1:

1. Schools that are currently closed, remain closed. E-learning or distance learning opportunities should be provided for all students.
2. Ensure provision of student services such as school meal programs.

Phase 2:

1. Remain open with enhanced social distancing measures and for children who live in the local geographic area only.

Phase 3:

1. Remain open with distancing measures.
2. Restrict attendance to those from limited transmission areas (other Phase 3 areas) only.

Safety Actions

Promote healthy hygiene practices (Phases 1-3)

1. Teach and reinforce washing hands and covering coughs and sneezes among children and staff.

2. Teach and reinforce use of cloth face coverings among all staff. Face coverings are most essential in times when physical distancing is not possible. Staff should be frequently reminded not to touch the face covering and to wash their hands frequently. Information should be provided to all staff on proper use, removal, and washing of cloth face coverings.
3. Have adequate supplies to support healthy hygiene behaviors, including soap, hand sanitizer with at least 60 percent alcohol (for staff and older children who can safely use hand sanitizer), tissues, and no-touch trash cans.
4. Post signs on how to stop the spread of COVID-19, properly wash hands, promote everyday protective measures, and properly wear a face covering.
 - <https://www.cdc.gov/handwashing/pdf/wash-your-hands-poster-english-508.pdf>
 - https://www.cdc.gov/handwashing/pdf/keep-calm-wash-your-hands_8.5x11.pdf
 - <https://www.cdc.gov/coronavirus/2019-ncov/downloads/StayHomeFromWork.pdf>
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Intensify cleaning, disinfection, and ventilation (Phases 1-3)

1. Clean and disinfect frequently touched surfaces within the school and on school buses at least daily (for example, playground equipment, door handles, sink handles, drinking fountains) and shared objects (for example, toys, games, art supplies) between uses.
2. To clean and disinfect school buses see guidance for bus transit operators.
3. Ensure safe and correct application of disinfectants and keep products away from children.
4. Ensure ventilation systems operate properly and increase circulation of outdoor air as much as possible by opening windows and doors, using fans, or other methods. Do not open windows and doors if they pose a safety or health risk (e.g., allowing pollen in or exacerbating asthma symptoms) risk to children using the facility.
5. Take steps to ensure that all water systems and features (for example, drinking fountains, decorative fountains) are safe to use after a prolonged facility shutdown to minimize the risk of Legionnaires' disease and other diseases associated with water.

Ensure social distancing

Phase 1 and 2

1. Ensure that student and staff groupings are as static as possible by having the same group of children stay with the same staff (all day for young children, and as much as possible for older children).
2. For changes of classes consider staggering movement time or establishing restrictions on the direction in which people travel in particular hallways.
3. Restrict mixing between groups
4. Cancel all field trips, inter-group events, and extracurricular activities (Phase 1

5. Limit gatherings, events, and extracurricular activities to those that can maintain social distancing, support proper hand hygiene, and restrict attendance of those from higher transmission areas (Phase 2; Note: restricting attendance from those in Phase 1 areas).
6. Restrict nonessential visitors, volunteers, and activities involving other groups at the same time
7. Space seating/desks to at least six feet apart.
8. Close communal use spaces such as dining halls and playgrounds if possible; otherwise stagger use and disinfect in between use.
9. If a cafeteria or group dining room is typically used, serve meals in classrooms instead. Serve individually plated meals and hold activities in separate classrooms.
10. Stagger arrival and drop-off times or locations, or put in place other protocols to limit direct contact with parents as much as possible.
11. Create social distance between children on school buses where possible.

Phase 3

1. Consider keeping classes together to include the same group of children each day, and consider keeping the same child care providers with the same group each day.
2. Allow minimal mixing between groups. Limit gatherings, events, and extracurricular activities to those that can maintain social distancing, support proper hand hygiene, and restrict attendance of those from higher transmission areas (Phase 1 or 2 areas).
3. Continue to space out seating to six feet apart, if possible.
4. Consider keeping communal use spaces closed, such as game rooms or dining halls, if possible; if this is not possible, stagger use and disinfect in between uses.
5. Consider continuing to plate each child's meal, to limit the use of shared serving utensils.
6. Consider limiting nonessential visitors, volunteers, and activities involving other groups.
7. Restrict attendance of those from higher transmission areas (Phase 1 or 2 areas).
8. Consider staggering arrival and drop-off times or locations, or put in place other protocols to limit direct contact with parents as much as possible. Continue to stagger arrival and drop-off times and plan to continue limiting direct contact with parents as much as possible

Limit sharing (Phases 1-3)

1. Keep each student's belongings separated from others' and in individually labeled containers, cubbies, or areas.

2. Ensure adequate supplies to minimize sharing of high touch materials to the extent possible (art supplies, equipment etc. assigned to a single camper) or limit use of supplies and equipment by one group of children at a time and clean and disinfect between use.
3. If food is offered at any event, have pre-packaged boxes or bags for each attendee instead of a buffet or family-style meal. Avoid sharing of foods and utensils.
4. Avoid sharing electronic devices, toys, books, and other games or learning aids.

Train all staff (Phases 1-3)

1. Train all teachers and staff in the above safety actions. Consider conducting the training virtually, or, if in-person, ensure that social distancing is maintained.

Monitoring and Preparing

Check for signs and symptoms (Phases 1-3)

1. Implement screenings safely, respectfully, as well as in accordance with any applicable privacy laws or regulations. Confidentiality should be maintained.
2. School and camp administrators may use examples of screening methods in CDC's supplemental Guidance for Child Care Programs that Remain Open as a guide for screening children and CDC's General Business FAQs for screening staff.
3. Encourage staff to stay home if they are sick and encourage parents to keep sick children home.
4. Encourage staff or children who are sick to stay at home.

Plan for when a staff, child, or visitor becomes sick (Phases 1-3)

1. Identify an isolation room or area to separate anyone who exhibits COVID-like symptoms. School nurses and other healthcare providers should use Standard and Transmission-Based Precautions when caring for sick people. See: What Healthcare Personnel Should Know About Caring for Patients with Confirmed or Possible COVID-19 Infection.
2. Establish procedures for safely transporting anyone sick home or to a healthcare facility. Whenever possible a parent, guardian, or adult family member should transport students.
3. Notify local health officials, staff, and families immediately of a possible case while maintaining confidentiality as required by the Americans with Disabilities Act (ADA).
4. Close off areas used by a sick person and do not use before cleaning and disinfection. Wait 24 hours before you clean and disinfect. If it is not possible to wait 24 hours, wait as long as possible. Ensure safe and correct application of disinfectants and keep disinfectant products away from children.
5. Advise sick staff members not to return until they have met CDC criteria to discontinue home isolation.
6. Inform those exposed to a person with COVID-19 to stay home and self-monitor for symptoms, and follow CDC guidance if symptoms develop. Provide options for virtual learning.

Maintain healthy operations (Phases 1-3)

1. Implement flexible sick leave policies and practices.
2. Monitor absenteeism and, if possible, have trained back-up staff.
3. Monitor health related student and staff issues.
4. Designate a staff person (building Principal) to be responsible for responding to COVID-19 concerns. Employees should know who this person is and how to contact them.
5. Create a communication system for staff and families for self-reporting of symptoms and notification of exposures and closures.

Closing Phases 1-3

1. Check State and local health department notices daily about transmission in the area and adjust operations accordingly
2. In the event a person diagnosed with COVID-19 is determined to have been in the building and poses a risk to the community, programs may consider closing for a short time (1-2 days) for cleaning and disinfection.

E. Strategic Planning and Management of Long-Term School Dismissal

1. Discuss and plan for school dismissals if illness gets worse in your community. These plans should be coordinated with local health officials, county superintendent, and the Director of Operations/School Board of Directors.
2. Establish your school's plan to continue educating students if schools are temporarily dismissed. Consider using Web-based instruction (including asynchronous assignments), e-mail, social media, local television, radio stations, or U.S. mail.
 - a. In considering the instructional and therapeutic plan, assess the digital preparedness of all students and families: [Sage Day Princeton Digital Preparedness Survey](#)
 - b. Any day in which students impacted by a public health-related closure have access to home instruction services provided consistent with the [Guidance Regarding Requirements for Public Health-Related School Closure](#) will count as a day in which the board of education has provided public school facilities toward its compliance with the 180-day requirement in accordance with N.J.S.A. 18A:7F-9.
3. Identify and implement strategies to continue therapeutic services via doxy.me or other HIPAA-compliant platform.
4. Monitor learning and therapeutic implementation and make adjustments as needed to accommodate differentiation and to adjust to disruptions in online services.
 - a. Continue to share resources daily, weekly.
5. Coordinate with school districts to:
 - a. Conduct remote IEP meetings. These may be done by phone or videoconference according to the needs and preferences of the student, family and school district.
 - b. Consider if and how related-services such as speech and language, OT, etc. can be continued remotely
 - c. Determine how transportation will be handled in the event that the sending district is closed and Sage Day is open.

6. Identify action steps for re-opening your school. The decision to re-open schools should be made in consultation with local public health officials.
7. Utilize your emergency messaging platform (Swift K12, Remind app, etc.) and email for distributing timely and accurate information to staff, students, districts, bus companies, suppliers, and key community partners and stakeholders).
8. Address potential language, cultural, and disability barriers associated with communicating pandemic flu information to staff and students. Learn more about reaching people of diverse languages and cultures by visiting: www.cdc.gov/healthcommunication/Audience/index.html. Learn more about communicating to staff in a crisis at: www.ready.gov/business/implementation/crisis

F. Provision of Remote Instruction and Therapeutic Services

In the event that schools are closed due to an outbreak, each Sage Day Princeton School shall deliver Remote Instruction using Google Classroom, Google Meet, and/or Zoom. Attendance will be taken each day. The Principal Team and Office Manager Team shall meet remotely each week (more frequently as necessary) with the Director of Operations, Director of Curriculum and Instruction and Technical Coordinator to plan, monitor and adjust delivery of instruction and related services. Remote Therapeutic Services (individual, group and family therapy) shall be delivered via Doxy.me, the HIPAA compliant telemedicine platform. The Clinical Director Team shall meet remotely each week with the Executive Director to plan, monitor and adjust the delivery of therapeutic services. Each Principal and Clinical Director shall meet remotely each week with individual teachers and teacher teams for normal supervision. Principals will also observe and monitor instruction via Google Classroom and by attending selected video conference sessions via Google Meet and Zoom. Each site and each teacher will tailor instructional plans to meet the age-appropriate and differentiated needs of students.

Equitable Access to Instruction: Plan Component 1

Equitable access to instruction and therapeutic services shall be provided to all students. This will begin with ensuring that all students have access to suitable devices and the internet. Families will be surveyed to assess this access. Sage Day Princeton will loan devices to students who do not have them and arrange for cellular internet for students who lack internet access. Instruction and therapeutic services are customized to the age-appropriate needs of students at the Sage Day Princeton location and monitored and adjusted to ensure that these needs continue to be met. As new students join the Sage Day Princeton community they will be surveyed to assess access to necessary devices and the internet.

Access To Technology By Grade (Note: All students not having access to a device or the internet have been provided that access by Sage Day Princeton).

Grade Level	Number Enrolled	Access to Device	Access to Internet
7	1	Yes	Yes
8	3	Yes	Yes
9	4	Yes	Yes
10	2	Yes	Yes
11	4	Yes	Yes
12	2	Yes	Yes

Assessment of Degree of Digital Divide and Plan to Address: Our data does not indicate a significant digital divide. We have closed any gaps by providing devices and/or internet as needed.

School Demographic Profile

Demographic Category	Number of Students
State Funded Preschool	0
Homeless	0
Migrant LSE	0
Students with Disabilities	16
English Language Learners	

Addressing Special Education Needs: Plan Component 2

Because the vast majority of students placed at Sage Day Princeton have IEP's, instruction is always tailored to implement Individualized Education Plans. This remains intact during remote

instruction as students continue to receive accommodations (e.g., extended time, study guides, notetaker, audio texts, pre teaching, text to speech and other assistive technology, 1:1 guidance, etc.) and modifications (e.g., adjusted length, breadth and depth of assignments, pass fail grading, alternate texts, etc.). Teachers continue to track and report on progress toward IEP goals and objectives. Our principals, clinical directors, and staff clinicians maintain consistent phone and written communication with district case managers to ensure services are implemented in accordance with IEPs. We hold virtual IEP meetings via Google Meet or Zoom in the service of evaluating, re-evaluating, monitoring and adjusting services for students with disabilities.

Addressing ELL and Bilingual Needs: Plan Component 3

These services are developed and implemented as needed in cooperation with our sending school districts. We communicate with ELL families through the use of interpreters who also assist us in developing translated materials and directions, as needed. Because our instruction is so IEP driven, we also implement alternate methods of instruction, differentiation, access to technology as needed. Our teachers and staff clinicians help us identify and troubleshoot ELL access challenges.

Safe Delivery of Meals: Plan Component 4

Because our staff clinicians maintain weekly contact with families, they are able to assess and identify any need for meals for students. These needs are addressed on a case by case basis. Lunch is the only meal that Sage Day Princeton provides to students eligible for free or reduced lunch. In the event that a student has this need, lunch can be ordered and delivered to the student from a vendor vetted for safe food handling and contactless delivery.

Length of Virtual Home Instruction: Plan Component 5

Sage Day Princeton Staff have designed remote instruction to maximize student growth and learning to the greatest extent possible. Our plans are adjusted to the age levels, grade levels, and needs of the students at each school location. Each school's customized plan includes a minimum of 4 hours of instruction and practice for each academic class in which a student is enrolled. In addition, expectations for each grade level, and academic discipline are agreed upon and standardized.

Attendance Plan: Plan Component 6

Our attendance plans are aligned with our standard attendance policy. Attendance is taken at the beginning of each instructional day. Students who log in are marked, 'Present,' and students who do not log in are marked, 'Absent.' Our attendance policy requires that students must not accumulate more than 20 absences per year in order to be promoted or graduate. When a student is marked absent, parents are immediately contacted by phone. Based on the reason(s) for absence, the principal, clinical director, and family therapist make a plan to address the absence

and re-engage the student. Interventions include individual counseling, family therapy, virtual meetings with parent, student, administration, and therapist. In the event that a student is absent for 5 consecutive school days, written notice is provided to the district. Interventions for sustained absences include a meeting with the student, parents, administration, therapist and case manager. In the event that a student is not participating in online instruction and/or submitting assignments, interventions include individual therapy, family therapy, teacher virtual meeting with the student and/or student and parents, and administration meeting with the student and/or student and parents. In the case of work refusal of 2 weeks or more, written notice is provided to the school district and a virtual IEP meeting is scheduled.

Facilities: Plan Component 7

Each facility will be maintained according to need. The Principal or designee shall inspect the building no less than once weekly and schedule repairs and maintenance as needed.

Summer Programming Plan Component 8

Extended School Year (ESY) will be delivered remotely to students whose IEPs require ESY. At Sage Day Princeton, the summer program will commence on June 29, 2020 and end on July 31, 2020. Daily hours will be from 9:00 a.m. to 12:00 p.m. ESY programming will include personalized instruction in at least two academic areas to support remediation, maintenance of skills or academic enrichment as needed. Students will receive individual therapy 1x week for 30 minutes and group therapy 2x a week for 30 minutes.

<p>Preliminary plans for 2020 graduation ceremonies are as follows:</p>
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<p>Virtual Graduation Ceremony</p>

Board Approval: Plan Component 9:

This plan was approved by the Sage Day Princeton Board of Directors on May 7, 2020.

Posted on Website: Plan Component 10:

This plan was posted on the Sage Day Princeton Website on May 8, 2020

List of Essential Staff by Job Title: Plan Component 11

The plan includes a list of essential employees for each location by job title as an addendum that will be shared with all sending districts and the County office associated with each school location each time the plan is updated.

Sharing Plans: Component 12

The plan has been shared with all sending districts and the County office where each facility is located and will be re-shared each time the plan is updated.

G. Stay Informed:

Continue to read, share, and discuss health messages and materials developed by credible public health sources, such as your local public health department or the Centers for Disease Control and Prevention (CDC).

RESOURCES

24 HOUR HOTLINE: 1-800-222-1222

CDC RESOURCES

- [2019 Novel Coronavirus](#)
- [Interim Guidance for Childcare and Schools](#)
- [School Exclusion List](#)
- [COVID-19 Immediate Actions](#)
- [Infectious Disease Epidemic Tips for School Mental Health Professionals](#)

NATIONAL ASSOCIATION OF SCHOOL PSYCHOLOGISTS

- [Talking to Children About COVID-19](#)

NJDOH RESOURCES

- https://www.nj.gov/health/cd/topics/covid2019_schoolbusiness.shtml

SAMHSA RESOURCES

- [Talking With Children: Tips for Parents, Caregivers](#)
- [Coping with Stress During Infectious Disease Outbreaks](#)

Readiness and Emergency Management for Schools [Readiness and Emergency Management](#)

