

# Northeastern Conference of SDA

115-50 Merrick Blvd. Jamaica, NY 11434

Reopening Plan in the 2020-2021 School Year

Name of School: R T Hudson SDA School
Address of School: 1122 Forest Avenue, Bronx, NY 10456
Affiliation of School: Seventh-day Adventist
BEDS Code: 321200435846
Name of Principal: Mrs. Ann Guy
E-mail of Principal: ann.guy@northeastern.org
Contact Phone of Principal: 845-270-3926
Name of COVID-19 Administrator: :Ann Guy
E-mail of COVID-19 Administrator: ann.guy@northeastern.org
Contact Phone of COVID-19 Administrator: 845-270-3926
Intended date of arrival of the first students: September 1, 2020
Intended date of on-campus classes starting: September 1, 2020
Intended dates for the fall semester, term, or quarter :9/1/2020 – 1/29/2021
Date Plan Submitted: (must be submitted by July 31, 2020) 7/30/2020
Name of Person Submitting Plan: Ann Guy

We attest that we have developed and created a hard copy and an electronic folder containing all of the required documents for a COVID-19 School Re-opening Plan that must contain the following elements:

## Part One: Re-populating the Campus

Category	Items to Include
Total Occupancy	<b><i>[518 persons]</i></b>
COVID Occupancy	<b><i>[90]</i></b>
Classrooms	<b><i>I hereby certify that all rooms within the facility have been reconfigured to allow for a minimum of 6-feet of physical space between each person or reasonable alternatives are provided to allow for social distancing.</i></b>
Dining Halls or Cafeterias	<b><i>I hereby certify that a minimum of 6-feet of physical spacing has been achieved or reasonable alternatives are provided.</i></b>

Spaces Where Other Groups Congregate	<b><i>I hereby certify that a minimum of 6-feet of physical spacing has been achieved where students congregate, outside of their classrooms such as in libraries and common spaces/student lounge/ student centers and with extracurricular activities.</i></b>
Orientation/Arrival	<b><i>I hereby certify that orientation classes have been held by the Designated COVID-19 Administrator and attended by every enrolled student, staff member, etc.</i></b>
Personal Protective Equipment (PPE)	<b><i>I hereby certify that all faculty, staff, and students have been informed to wear masks; and the school has implemented protocols for ensuring that all school personnel are reminded to wear a mask or have supplies available so that they can comply throughout the school day, in accordance with public health guidelines.</i></b>
Other PPE Requirements	<b><i>I hereby certify that protocols have been implemented to ensure that all special populations on campus (e.g., health care workers, kitchen or custodial staff) will follow any special PPE requirements mandated more generally for those populations.</i></b>
Disinfection	<b><i>I hereby certify that the following protocols have been implemented to ensure adequate disinfection:</i></b>  <b><i>1) hand sanitizers are available at entrances to all buildings, classrooms and dining halls, 2) disposable wipes or similar acceptable cleaners are available in all bathrooms, classrooms and other shared facilities (e.g., copy machines, time-clock stations) for wiping down surfaces, 3) students, faculty and staff are reminded to wash hands frequently, and 4) public, corridor and office spaces and their bathrooms are cleaned daily in accordance with the CDC recommendations and guidelines for cleaning and disinfection.</i></b>
Travel	<b><i>I hereby certify that protocols have been implemented to ask disclosure be made if any students, faculty and staff have travelled recently outside of New York State, and we recommend to all student, faculty and school personnel to avoid unnecessary travel domestically and internationally.</i></b>
Staffing	<b><i>I hereby certify that we have advised the following and implemented protocols to:</i></b>  <b><i>1) Individuals experiencing COVID-like symptoms; and</i></b> <b><i>2) All students and school personnel who have higher likelihood of serious illness from COVID-19, to consider whether they wish to work remotely.</i></b>

	<p><b>3) Staff and guests entering the building will complete a daily screening questionnaire.</b></p>
Access	<p><b><i>I hereby certify that the following protocols have been implemented: 1) mandatory self-isolation for 14 days for any visitors who may seek access to the campus and has engaged in travel that the State has imposed has restricted access or quarantined requirements; and 2) for employees seeking access to school campus, if that employee engaged in travel that the State has imposed restricted access or quarantine requirements.</i></b></p>
Transportation	<p><b><i>I hereby certify that transporting students to school including any coordination necessary with appropriate school districts that transport both public and non-public students. Day schools should include any commentary on arrival or dismissal plans.</i></b></p> <p><b><i>ADDITIONALLY</i></b></p> <p><b><i>I hereby certify that the following protocol have been implemented for arrival plans:</i></b></p> <ol style="list-style-type: none"> <li><b><i>1) Upon arrival, students will be subject to temperature checks;</i></b></li> <li><b><i>2) Students must sanitize their hands upon entering campus.</i></b></li> </ol>
<p><b>Part Two: Monitoring the Health of Students, Faculty, and Staff</b></p>	
<b>Category</b>	<b>Items to Include</b>
Monitoring the Health of Students, Faculty, and Staff	<p><b><i>I hereby certify that there is an isolation room available on campus and we have implemented protocols for regular monitoring of health of students, faculty, and staff as well as safeguards should one become sick or symptomatic at school.</i></b></p>
Appointment of a COVID-19 Coordinator	<p><b><i>I hereby certify that there is a designated COVID Coordinator appointed to this school and that person will 1) be the liaison with the coordinators at the other schools who will convene periodically during the fall if needed and 2) will coordinate as needed with State and Regional Public Health Officials.</i></b></p>

Protocol for collecting information about COVID-19 cases	<i>I hereby certify that the school has implemented certain reporting protocols that: 1) require faculty, students, and staff have been asked to inform immediately the Coordinator (or a designated administrator) that they are experiencing possible COVID-19 symptoms; and 2) the Coordinator will immediately isolate that person experiencing possible COVID-19 symptoms for testing.</i>
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**Part Three: Containment**

<b>Category</b>	<b>Items to Include</b>
Containment	<i>I hereby certify that this school has implemented a procedure to isolate and quarantine, as a containment policy any student or school personnel who tested positive for COVID or have had contact with someone who has.</i>
Contact Tracing	<i>I hereby certify that this school has implemented procedures and protocols for training personnel in contact tracing, conduct contact tracing, and/or consult with the local or regional Department of Public Health, in recording and reporting tracing outcomes.</i>

**Part Four: Shutdown**

<b>Category</b>	<b>Items to Include</b>
Shutting Down If a Serious Outbreak Occurs	<i>I hereby certify that this school has implemented protocols and procedures to effectuate an orderly shutdown of the school, if a serious outbreak occurs on campus or in the community that the school or relevant state or local authorities conclude requires shutdown.</i>
Shutting Down if Required by Governmental Agency	<i>I hereby certify that this school will follow the instructions of the Governor, or appropriate governmental agency, if the Governor determines that a statewide shutdown is required and/or if NEC issues instructions that schools consideration if NEC schools are required or recommended for closure.</i>
Plan for Continuation of Program Under Shutdown	<i>I hereby certify that this school has in place remote learning and teaching programs and will implement same and transition to remote learning and teaching and would continue instruction virtually or remotely online, if a shutdown occurs.</i>