

























































School personnel and the school nurse will be vigilant to monitor student attendance and make phone calls home to monitor attendance. All trends will be shared with the COVID-19 Crisis Team to determine if additional actions are needed.

### **Screening Results**

Any student or staff member observed with COVID -19 signs or symptoms in the school building will be screened by the school nurse either in-person or virtually and the screening will be documented and shared with the Somerset County Department of Health and the Bridgewater Township Health Department. .

### **Notification Positive COVID -19 Test**

School personnel will immediately notify local health officials, staff, and families in the event that an individual who has spent time in a district facility tests positive for COVID-19.

### **Isolation Space**

The old nurse's office on the first floor next to the main entrance will be utilized as the Isolation Space. The office is next to the main entrance of the building to limit the need for the student or staff member to travel through the building to depart. The CDC Guidelines for Current Communicable Disease Service will be followed.

School personnel will provide supervision and care for symptomatic individuals who are in isolation areas until they are picked up by a parent or guardian.

### **Isolation Space Maintenance**

Once the space is unoccupied maintenance staff will clean the room following CDC Guidelines for Current Communicable Disease Service using protective PPE including face covering, gloves, and face shield. The room will be cleaned once the students and staff leave the facility.

#### **Additional Cleaning procedures is time permits**

- Close off areas used by the individuals with COVID-19 and wait as long as practical before beginning cleaning and disinfection to minimize potential for exposure to respiratory droplets. If possible, wait up to 24 hours before beginning cleaning and disinfection.
- Open outside doors and windows to increase air circulation in the area.

### **Transportation of students with COVID 19 Symptoms**

If a student displays COVID 19 symptoms and a parent/guardian is unable to pick up the student arrangements will be made to transport the student home utilizing our transportation personnel. This practice will be the final action if a student cannot be picked up. A student with emergency symptoms will be transported to a local hospital via medical services and a staff member will stay with the student until a parent/guardian arrives.

**Readmittance Policies**

INTERIM GUIDANCE FOR SOMERSET COUNTY SCHOOL REOPENINGS

<p>Individuals who <b>have symptoms of COVID-19 AND</b> • have <b>tested positive</b> (by PCR, rapid molecular or antigen testing) <b>OR</b></p> <p>• have <b>not been tested</b> (i.e. monitoring for symptoms at home) should stay home and away from others until:</p>	<p>At least 10 days have passed since their symptoms first appeared <b>AND</b> • They have had no fever for at least 24 hours (one full day without the use of medicine that reduces fever) <b>AND</b> • Symptoms have improved (e.g. cough, shortness of breath)</p>
<p>Individuals who have <b>NO symptoms</b> and have <b>tested positive</b> should stay home and away from others until:</p>	<p>10 days have passed from the collection date of their positive COVID-19 diagnostic test <b>AND</b> they have not developed symptoms.</p>
<p>Individuals who have symptoms and have <b>tested negative</b> should stay home and away from others until:</p>	<p>24 hours after their fever has ended without the use of fever reducing medications and other symptoms improve.</p>
<p>Individuals who are identified as a <b>close contact*</b> of a confirmed case should:</p>	<p>Self-quarantine and monitor for symptoms for 14 days from the last date of exposure with the confirmed case, even if contact tested negative.</p>

**Critical Area #6 Contact Tracing**

**CDC Contact Tracing Protocols**

Somerset County Educational Services Commission is required by the New Jersey Department of Health to report occurrences of communicable diseases. In any situation in which there are concerns regarding possible exposure of staff members, students, or other members of the community, we will seek guidance from the Somerset County Department of Health and the Bridgewater Township Department of Health. We will follow all notification and contact tracing requirements. We may be required to share with the Somerset County Department of Health, the Bridgewater Township Department of Health, and the Department of Education, contact and other personal information and maintain documents and records of staff member and student reports of COVID-19 exposure, COVID-19 test results, and additional information.

- ***The school nurse will incorporate a contact tracing policy in consultation with the Somerset County Department of Health and the Bridgewater Township Department of Health.***

## **Continuous Monitoring**

The school nurse will be in daily contact with students who are home with symptoms to monitor their health status. Beth Katzman, Executive Assistant to the Business Administrator, will be in contact with staff members who are home to monitor symptoms.

## **CDC Contact Tracing Protocols**

Communicate with staff, parents, and students. Coordinate with local health officials to communicate dismissal decisions and the possible COVID-19 exposure.

- This communication to the school community should align with the communication plan in the school's emergency operations plan.
- Plan to include messages to counter potential stigma and discrimination.
- In such a circumstance, it is critical to maintain confidentiality of the student or staff member as required by the Americans with Disabilities Act and the Family Education Rights and Privacy Act.

Clean and disinfect thoroughly.

- Close off areas used by the individuals with COVID-19 and wait as long as practical before beginning cleaning and disinfection to minimize potential for exposure to respiratory droplets. If possible, wait up to 24 hours before beginning cleaning and disinfection.
- Open outside doors and windows to increase air circulation in the area. Cleaning staff should clean and disinfect all areas (e.g., offices, bathrooms, and common areas) used by the ill persons, focusing especially on frequently touched surfaces.
- If surfaces are dirty, they should be cleaned using a detergent or soap and water prior to disinfection.
- For disinfection most common EPA-registered household disinfectants should be effective.
  - Follow the manufacturer's instructions for all cleaning and disinfection products (e.g., concentration, application method and contact time, etc.).
  - Additionally, diluted household bleach solutions can be used if appropriate for the surface. Follow manufacturer's instructions for application and proper ventilation. Check to ensure the product is not past its expiration date. Never mix household bleach with ammonia or any other cleanser. Unexpired household bleach will be effective against coronaviruses when properly diluted. Prepare a bleach solution by mixing:
    - 5 tablespoons (1/3rd cup) bleach per gallon of water or
    - 4 teaspoons bleach per quart of water

Additional information on cleaning and disinfection of community facilities such as schools can be found on [CDC's website](#).

**All cleaning supplies will be provided by the Building and Grounds Coordinator.**

## **Communication System**

### **Parents/Guardians/Students**

The main offices will be the contact for parents to notify the school of any health concerns or positive COVID-19 test results. The school nurse will contact the family for further information. If a positive case is confirmed, the assistant superintendent/principal will contact the Somerset County Health Department.

### **Staff Members**

Staff members will utilize the current system for calling out sick (notifying the building administrative assistants) For confidentiality purposes and COVID-19 related health concerns or positive COVID-19 cases, contact needs to be made immediately to Beth Katzman, Executive Assistant to the Business Administrator, at the Central Office.

## **Critical Area #7 Facilities Cleaning Practices**

The existing facilities cleaning practices and procedures plan will include many recommendations from the NJDOE *The Road Back Plan* to ensure the health and safety of students and staff.

The frequency of cleaning and disinfecting of surfaces and objects frequently touched or used will increase. The contract with Pritchard Industries Inc will establish schedules for increased cleaning and disinfection; targeted areas to be cleaned, including frequently touched surfaces and objects and frequent sanitization of bathrooms, stairway handrails, door handles and push plates. All common areas that are able to be cleaned during the day will be cleaned when students are not present.

The use of disinfectant on additional surfaces which were started after the school closure and will continue as part of our new procedures. This includes areas frequently touched by students and staff:

- Classroom desks and chairs
- Door handles and push plates
- Handrails - exterior and interior
- Kitchen areas and restrooms
  - Restrooms are cleaned several times during the school day.
- Light Switches
- Elevator buttons and handles

Staff members will be provided with sanitizing wipes for electronic equipment and other classroom surfaces. These will be used to clean their desktop computers, keyboards, mice, and telephones. Each classroom will have access to hand sanitizer or soap dispensers for the sinks in their rooms.

The building and grounds coordinator will work with our Custodial Service Provider (Pritchard Industries Inc) to develop a maintenance checklist to provide a record showing that the process has been completed.

### **Cleaning and Disinfecting after a person has been identified as COVID-19 positive**

If an infected person has been in a school building, school personnel including the maintenance staff will follow the CDC recommended procedures for short-term closure.

- Close off areas used by a sick person. Wait 24 hours before you clean and disinfect. Do not use the space before cleaning and disinfection.
- Open outside doors and windows to increase air circulation in the area. |
- Cleaning staff will clean and disinfect all areas (e.g., offices, bathrooms, and common areas) used by the ill persons, focusing especially on frequently touched surfaces.

Part of our opening of school in-service training will include COVID-19 prevention and education, following the CDC guidance and information contained in the NJDOE *The Plan Back*.

### **PPE Available to All Staff Members**

Face coverings, gloves, face shields, and hand sanitizer.

### **Critical Area #8 Food Service Meals**

All of the students in the building are provided with breakfast and lunch by the Bridgewater-Raritan School District, prepared and delivered by Maschio's Food Service. All meals are individually packaged and prepared at an off site location. The food service coordinator prepares the delivery of the pre-packaged meals for each classroom following the USDA and Somerset County Department of Health Guidelines.

The following protocols will be followed and enforced.

- Require individuals to wash their hands with soap after removing their gloves or after directly handling used food service items
- Use disposable food service items (e.g., utensils, dishes).
- Avoid sharing food and utensils and ensure the safety of children with food allergies.
- Hand Hygiene and Respiratory Etiquette will be encouraged for students
- Teachers and staff will educate and reinforce handwashing with soap and water for at least 20 seconds and increase monitoring to ensure adherence among students and staff.
  - If soap and water are not readily available, hand sanitizer that contains at least 60% alcohol can be used (for staff and older children who can safely use hand sanitizer).
- Encourage staff and students to cover coughs and sneezes with a tissue. Used tissues should be thrown in the trash and hands washed immediately with soap and water for at least 20 seconds.

- If soap and water are not readily available, hand sanitizer that contains at least 60% alcohol can be used (for staff and older children who can safely use hand sanitizer).

Prior to any meal students will be required to wash their hands and sit at least six feet apart. The new classroom layouts will provide 6 feet for social distancing. During meals students will be allowed to remove their masks. After lunch students will replace their masks and wash their hands.

### **Critical Area #9 Recess/Physical Education**

#### **Recess and Outdoor Space**

Teachers will stagger the use of the outdoor space to eliminate more than one group/class outside together. Social distance practices will be enforced to maintain a healthy environment. Students will be required to wash their hands immediately after outdoor activities. Each cohort will utilize the playground equipment during their assigned time.

**Outdoor areas** - pavement section - grass field

#### **Outdoor Schedule/Recess**

Cohort 1            Grades K - 3    Period three

Cohort 2            Grades 5-8     Period five

The use of playground equipment will be staggered in order to disinfect the equipment after each use.

#### **Physical Education**

During level 3, all physical education activities will be outdoors weather permitting. . To mitigate risk, and eliminate direct contact with equipment, students will not share equipment. Activities will focus on exercise and movement. If any equipment is shared, the equipment must be cleaned between each use.

As the level of safety decreases and during inclement weather students will participate in activities in the gym. All activities will follow social distancing guidelines.

**Locker Rooms** - the school does not have locker rooms or changing areas for sports. Students will use the bathroom areas on a staggered schedule. Bathroom areas will be cleaned at least four times a day.

### **Critical Area #10 Field Trips and Extra-curricular Activities**

#### **Field Trips**

Field trips will be suspended until the COVID-19 pandemic has been declared over by the New Jersey Department of Health and Department of Education. Students will remain in the school building in order to provide a safe and healthy environment. School personnel cannot limit student exposure to clean and sanitized spaces off school grounds.

### **Extra -Curricular Activities**

Students participate in the NJNCAA basketball league against similar school districts. Games are played during the school day. The protocols for the 2020-2021 season have not been established. The first league meeting is being held on November 6, 2020. After the meeting a decision will be made regarding whether or not the school/students will participate.

### **Clubs and activities**

If any club or social activities are held, school personnel will maintain social distancing and hygiene practices during activities.

### **Use of Facilities Outside of School Hours**

At this point in time the decision was made not permit the use of school facilities after school hours for community organization to ensure proposed hygiene standards

## **Non-Public/Public Services**

### **Covid-19 Health Plan SY 2020-21**

#### **Purpose**

The purpose of this plan is to enable SCESC Nonpublic/Public program staff, during the current pandemic, to safely evaluate and provide support services in the 2020-21 school year. This includes speech, psychological and learning evaluations that must be done in-person, as well as, Ch.192/193 support services. Social evaluations and meetings will continue to be done remotely whenever possible.

#### **Training**

- Staff are to watch the below training videos in SafeSchools at the following link: <https://scesc-nj.safeschools.com/login>
  - Blood Borne Pathogens
  - First Aid
  - Common Illness Prevention (includes Handwashing/Infection Control)
  - Coronavirus Awareness
- Staff are required to complete the training videos before testing/working with students. Training videos should be completed prior to any interaction with students or school personnel .
- Please note that these training videos will be required of all staff as part of return to school professional development requirements so completing them now will address that requirement for the 2020-21 school year.

## **Evaluations**

### **Health screenings**

Staff members will self-complete the Staff Screening questionnaire when entering the building.



Staff members will complete the Screening questionnaire when scheduling an evaluation with the parent/guardian and the In Person Screening questionnaire for students and their parents/guardians arriving at the building before testing takes place. The In Person Screening questionnaire includes a required temperature scan.

**Locations for Testing:** To be determined

**Testing Schedule:** Will be based on location(s)

### **PPE Guidelines**

Students, staff and visitors are required to wear face coverings unless doing so would inhibit the individual's health, the individual is under two years of age, or other exceptions outlined in NJDOE's guidance apply. We will provide the following accommodations as required for young students or students with disabilities, staff and visitors.

- *Face shields will be provided for students, staff, and visitors who based on disability, medical needs, or age, require accommodations to the face mask requirement.*

Staff, students and parents/guardians can bring their own acceptable face mask. If they do not bring their own mask, then a disposable mask will be provided.

Hand sanitizer is available for use and will be placed in testing rooms.

Each testing site will utilize plexiglass dividers between the evaluator and the student. Dividers will be disinfected after each use.

Staff will utilize a table with the length of the table divided in the middle to maximize distance between the student and the evaluator. It should be noted that at some parts of the testing, the evaluator will distribute manipulatives and point to pictures. Single use gloves will be provided for the evaluator.

Certain evaluations may require the student's face and mouth to be visible to the evaluator. In such cases a plastic face shield will be worn by the student and disinfected after use.

New pencils and/or other materials) will be provided for each student. If certain materials need to be reused then the evaluator will disinfect the materials after each use.

### **Disinfectant Guidelines**

Each room will undergo enhanced cleaning every night after use. Testing materials, table, and dividers/shields will be sprayed with disinfectant after each test by the evaluator using approved sprays provided by the SCESC and following manufacture requirements for Covid 19.

### **Support Services In-Person (Ch. 192/193, IDEA support services)**

#### **SCESC Guidelines**

- The SCESC will take every step to minimize the use of shared objects when possible and clean/disinfect them between use. (Bioesque)
- Clean tables and chairs between sessions with disinfectant. (Bioesque)
- Create small groups (cohorts) that will follow a set 30 minute schedule for sessions. Sessions should be scheduled to start and finish before students are changing classes to avoid crowded hallways.
- Staff will be required to use masks while in the nonpublic school building.

- We will schedule small breaks between sessions, as needed, so staff can go outside to temporarily remove mask.
- SCESC staff and students will use hand sanitizer each session. Students upon entering the therapy room and when leaving. SCESC staff at the beginning of each session prior to new students arriving.

***As per CDC and NJDOE guidelines, in order to safely provide students with the services they require, the nonpublic school must provide:***

- A well ventilated space in which the staff can work with the students.
- Enough space to accommodate social distancing for 5 students and one staff member. Students, staff and visitors are required to wear face coverings unless doing so would inhibit the individual's health, the individual is under two years of age, or other exceptions outlined in NJDOE's guidance apply, while providing any necessary accommodations for young students or students with disabilities.
- The room should be included in the cleaning and disinfecting protocol you have established for the school maintenance department.
- The school must adopt a policy for screening students and employees (including contracted providers, such as the SCESC) for symptoms and exposure.
- The SCESC staff, in collaboration with the teachers, may decide that classroom material will be used during the session. If that is the case, the nonpublic school teacher should make sure the materials given are only for the use of that specific child or have been cleaned and disinfected prior to its use during the session.

Child Care centers per regulations cannot allow 3rd party providers in the building. For students enrolled in those settings, teletherapy services will be provided.

### **Non-Public/Public Services Summer of 2020**

#### **Health Guidelines/Protocol for Summer Assessments at the SCESC**

- Training
  - Staff are to watch the below training videos in SafeSchools at the following link: <https://scesc-nj.safeschools.com/login>
    - Blood Borne Pathogens
    - First Aid
    - Common Illness Prevention (includes Handwashing/Infection Control)
    - Coronavirus Awareness
  - Staff are required to complete the training videos **before** testing/working with students. Training videos should be completed prior to any interaction with students or school personnel .

- Please note that these training videos will be required of all staff as part of return to school professional development requirements so completing them now will address that requirement for the 2020-21 school year.
- Screening and Admittance
  - Persons that have a fever of 100.4° or above or other signs\* of COVID-19 illness should not be admitted to the school. Facilities should encourage parents and staff to be on the alert for signs of illness in their children and to keep them home when they are sick. In order to effectuate this policy, school staff should institute the following protocol:
  - Staff must complete the Screening Questionnaire for parents/guardians and students
  - Face coverings
    - Students, staff and visitors are required to wear face coverings unless doing so would inhibit the individual's health, the individual is under two years of age, or other exceptions outlined in NJDOE's guidance apply. We will provide the following accommodations as required for young students or students with disabilities, staff and visitors.
      - *Face shields will be provided for students, staff, and visitors who based on disability, medical needs, or age, require accommodations to the face mask requirement.*
    - If a child is unable to wear a face covering for evaluation purposes, staff will use a plexiglass barrier between themselves and the student who will be wearing a plastic face shield.

#### **Infection Control Strategies**

- Stagger drop off and pick up times to avoid multiple families from congregating in one location.
- Communicate to parents and students COVID-19 safety measures.
- Face coverings are required to be worn by students and adults except during speech evaluation subtests which will impact the validity of the test or the ability to administer the test.
- Hand Sanitizers and gloves will be provided and available to staff.
- Staff will be required to spray (not wipe) testing areas (table) and manipulatives with a disinfectant provided by the SCESC before leaving.
- Implement enhanced cleaning and disinfection procedures using EPA approved disinfectants and following CDC guidance.
- Discourage sharing of items that are difficult to clean, sanitize, or disinfect.
- Institute infection control procedures for areas around the school, including entrances, dining areas, restrooms, and other areas prone to congregation.
- Limit any non-essential visitors, volunteers, and activities involving external groups or organizations as much as possible.

- **Actions to take in response to individuals exhibiting signs and symptoms of COVID19 (e.g. fever, cough, shortness of breath) while on-site.**
  - 1. Immediately send the ill child and family member home and reschedule testing until at least 14 days have passed since their symptoms first appeared AND • They have had no fever for at least 72 hours (three full days without the use of medicine that reduces fever) AND • No other symptoms no other symptoms are present (for example, cough or shortness of breath)
  - 2. Staff members should be sent home and advised to follow, What to Do If You Are Sick
- **Actions to take in response to notification that a staff or student has tested positive for COVID-19**
  - The Assistant Superintendent shall be notified by the staff member.

## **REMOTE LEARNING PLAN**

### **Shift to Full Remote Learning**

School personnel learned many lessons from our experience with remote instruction in the spring of the 2019-2020 school year. A key component is the need to provide a balance between flexibility and accountability for students. The flexibility where students could work at their own pace for high school students in the spring was our approach and additional accountability procedures need to be established. Students and parents reported difficulties in focusing on school work and being part of the school community. Teachers observed this as well, with many reporting the open schedule had a negative impact on the engagement of some students throughout the closure period. The plan moving forward is to require daily “live” checks-in/meets with teachers to keep students engaged in school activities. The middle and elementary students had daily “live” interactions which contributed to more student interaction with students in grades kindergarten through eighth.

Professional development activities will focus on providing staff with an enhanced skillset to provide engaging online learning opportunities. The use of additional instructional practices and the implementation of additional online software applications will be part of the planned training.

### **Delivery of Virtual and Remote Instruction**

Each student will be provided a Chromebook and access to the internet if access is not available at home. With the use of wireless hotspots we are able to provide access for students who do not have connectivity in their homes. Each teacher has created a Google Classroom for students to login daily to retrieve and complete assignments. The Google platform is also utilized for virtual meetings for teachers and students. Staff members are using the platform to hold virtual meetings for students to talk with peers.

Google Classroom provides teachers with the ability to differentiate assignments to meet IEP modification and accommodations as well as the different levels of students. Teachers are linking students' interest to assignment to further engage students in learning.

Our current student population does not have any students considered ELL, although some students need additional assistance. Two student aides speak Spanish as their native language and are assigned to students who can benefit from the additional assistance.

**Elementary School students** Google Classroom is used to provide activities and assignments for students. Morning meetings for students to engage with their peers to promote social skills are conducted via Google Meet. The focus in k-5 is to continue development of literacy and mathematical skills.

*Software Applications - Google G Suite, Newsela, IXL, Readworks, Flocabulary*

**Middle School students** are provided subject specific assignments created around students abilities in a model to increase skill levels with a focus on literacy and mathematics. Students are encouraged to log in daily and complete assignments and attend virtual meetings to talk with teachers and their peers.

*Software Applications - Google G Suite, Newsela, IXL, Readworks, Flocabulary*

**High School students** are utilizing Google Classroom and log in daily to complete assignments and attend virtual meetings with the teacher. Subject specific assignments are posted each day.

*Software Applications - Google G Suite, IXL, Readworks, Flocabulary, Edpuzzle*

## **Attendance**

### District Attendance Policy 5200

In accordance with the provisions of N.J.S.A. 18A:38-25, every parent, guardian, or other person having control and custody of a child between the ages of six and sixteen shall cause the child to regularly attend school. The Board of Directors requires students enrolled in the school district attend school regularly in accordance with the laws of the State.

In accordance with the provisions of N.J.A.C. 6A:16-7.6 and for the purposes of this Policy and Regulation 5200, a student's absence from school will be excused or unexcused that counts toward truancy.

Students that are absent from school for any reason are responsible for the completion of assignments missed because of their absence. A student who is absent from school for observing a religious holiday shall not be deprived of any award, eligibility, or opportunity to compete for any award, or deprived of the right to take an alternate test or examination that was missed because of the absence provided there is a written excuse of such absence signed by the parent.

Prolonged or repeated absences, excused or unexcused, from school or from class, deprive students of the educational and classroom experiences deemed essential to learning and may result in retention at grade level or loss of credit or removal from a course that would count toward the high school diploma in accordance with policies of this Board.

Unexcused absences from school or from classes within the school day may subject a student to consequences that may include the denial of a student's participation in co-curricular activities and/or athletic competition. Repeated absences from school interfere with efforts of this Board and its staff in the maintenance of good order and the continuity of classroom instruction and such absences may result in the removal of the student from a class or course of study.

The Superintendent shall calculate and monitor the average daily attendance rate for the district and for each school in the district. Whenever the average daily attendance rate does not meet the New Jersey Department of Education requirement the Superintendent or designee shall develop a district improvement plan to improve student attendance pursuant to N.J.A.C. 6A:30-5.2.

\*\*\*\*\*

During virtual learning students will be considered present unless the school is notified by parents/ guardians. Attendance will be monitored via participation in virtual learning sessions and submission of completed work.

Attendance will primarily be used to determine the need for additional assistance upon return to in-person schooling.

If a student misses more than two day of remote learning, contact with the family will be made to determine needs. The school counselors and administrators are responsible for making this contact.

Counselors and teachers complete biweekly check in with certain parents/guardians to ensure that those students are progressing in their assignments. Students can complete all weekly assignments by Friday to receive credit. Staff members contact students, parents/guardians multiple times per week if a student is not participating in online instruction or submitting assignments. Staff members also communicate with parents/guardians through email and text messaging to ensure students have access to assignments as well as provide progress on any missing activity. At this time students are not being penalized for attendance and students are being assessed on work submitted. The final marking period will be considered pass/fail for students in grades K-12.

### **Safe Delivery of Meals**

School personnel will ensure that every student receives meals from their sending district. School personnel will work with the Department of Agriculture to review options to ensure students receive meals. In the event meals need to be delivered, social distance protocols for all parties will be followed to limit physical contact.

### **Students with Disabilities**

Teachers utilized Google Classroom to differentiate assignments to meet IEP modification and accommodations as well as the different levels of students. Teachers are linking students' interest to assignment to further engage students in learning. Several students are assigned one-to-one aides, the aides provide personalized instruction to students each day and guidance as students complete assignments. Staff use Google Hangout to hold virtual meetings with students to provide direct instruction throughout the school day. Teachers and staff members create a daily log that is submitted every Friday detailing instruction and other interaction with students or parents/guardians. Case managers also attend student focused staffing/PLC meetings.

### **Related Services**

- Students who are receiving speech services will receive ongoing instruction through an online FERPA compliant platform for teletherapy and students were mailed supplemental materials.

- Counseling services will continue through phone, video conference, or email communication.
- New Dawn Academy students will continue to receive counseling services through University Behavioral Health Care through Theraplatform, a HIPAA compliant platform for teletherapy

### **Communication**

Case managers/counselors reach out to families through email, telephone calls, and virtual meetings to ensure students are engaged in learning activities.

Related Services - all related services are provided remotely by a Board approved vendor. (ie-speech/OT/PT) The records are shared with case managers and the supervisor of counselors.

### **Virtual IEP Meetings**

IEP meetings are held through Google Hangout or other video and telephone conferencing providers which comply with FERPA. The sending district schedules and the student's Case Manager leads the IEP meetings. SCESC counselors and teachers provide a summary, goals and objectives, and are present at these meetings to provide input as needed. Sending districts have put evaluations on hold until in person testing can resume.

### **English Language Learners**

The current SCESC student population does not contain students considered ELL, although some students need additional assistance. Students who need additional assistance receive direct one on one assistance from student aides that are native spanish speakers. This service is provided daily and the aides document all interactions. Google Classroom and Google Meet are utilized to provide direct instruction/assistance between students and staff. Each student was provided with a Chromebook to complete assignments and communicate with staff members for assistance and guidance. One teacher and the School Nurse also speak Spanish and assist in telephone conversations and at meetings. Sending districts utilize translators during virtual and telephone meetings for IEP meetings.

### **Remote Learning Schedule**

Students will be expected to follow the school schedule and attend classes regularly during remote learning.

### **Technology Needs**

School personnel will contact each family prior to school opening to ensure every student has technology and access to the internet. Each student will be provided a Chromebook as needed and a wireless hotspot if access to the internet is unavailable in the home. Chromebooks and hotspots can be picked up by parents or will be mailed to home to families. If devices are mailed home, teachers/counselors will contact families to confirm they have received the items.

School personnel will contact every student to ensure access to technology and internet access during the first days of school. The technology coordinator will provide guidance to resolve any issue that may arise.

## **Monitoring of Remote Learning**

Through the use of GoGuardian teachers and counselors can track students who do not join Google Class or school activities on a daily basis. The use of IXL and Newsela will provide data on student progress. Through the use of PLC meetings, staff will review if any students are not attending regularly and inform our counseling staff and administration in order to reach out to the students and their families to engage students in the learning process.

## **Somerset County Educational Commission Transportation Guidelines**

All students and drivers will be required to wear a mask or, in the event of a documented medical concern that precludes a mask, we will make accommodations for young students or students with disabilities, as necessary.

- *Face shields may be provided for students based on disability, medical needs, or age, to accommodate the face mask requirement.*

We will make a transparent face shield while on a bus or in any district vehicle.

Families will need to provide masks and face shields for their children, though disposable masks will be available in the event of a lost, broken, or otherwise, nonfunctional face covering as long as supplies last.

Transportation personnel will notify the receiving district immediately of any refusal to wear a mask or appropriate face covering. If we are unable to reach a resolution resulting in the student wearing an appropriate face covering on each day of bus transportation, the receiving district will provide options for the family.

The drivers and other Commission personnel riding buses will be screened for elevated temperature and other symptoms prior to the first bus run each day. Supplemental drivers will be on standby to promptly fill in for any driver sidelined due to symptoms. Please consult [Information on Covid Symptoms](#) from the Centers for Disease Control. A temperature screen sensor will be installed in the transportation office for every staff member to be screened prior to starting the workday.

The transportation department has created protocols and a schedule for the cleaning and disinfection of school buses and other transport vehicles. Drivers will clean high contact areas in between AM tiered routes. The Commission has ordered backpack electrostatic spray cleaners that our contracted cleaning company will utilize for deep sanitation of buses each night. (Pritchard Industries Inc)

## **GENERAL COVID-19 INFORMATION**

These are the websites most frequently used and updated when looking for current information.

1. CDC COVID19 Interim Guidance for Administrators of US Childcare Programs and K-12 Schools-

[https://www.cdc.gov/coronavirus/2019-ncov/community/schools-childcare/guidance-for-schools.html?CDC\\_AA\\_refVal=https%3A%2F%2Fwww.cdc.gov%2Fcoronavirus%2F2019-ncov%2Fspecific-groups%2Fguidance-for-schools.html](https://www.cdc.gov/coronavirus/2019-ncov/community/schools-childcare/guidance-for-schools.html?CDC_AA_refVal=https%3A%2F%2Fwww.cdc.gov%2Fcoronavirus%2F2019-ncov%2Fspecific-groups%2Fguidance-for-schools.html)



2. Somerset County Department of Health-  
<https://www.co.somerset.nj.us/government/public-health-safety/health-department>
3. <https://www.nj.gov/health/>
4. <https://www.ed.gov/coronavirus>
5. <https://www.cdc.gov/coronavirus/2019-nCoV/index.html>

## COMMUNITY COVID-19 RESOURCES

Official Site of the State of NJ Covid-19 Information Hub

<https://covid19.nj.gov/>

### Find Food Pantries

<https://www.foodpantries.org/>

**Applying for assistance with programs like SNAP, NJ FamilyCare and more.**

<https://www.njhelps.org/>

DCAid website will allow you to see if you are eligible for the NJ housing assistance programs

<https://njdca-housing.dynamics365portals.us/en-US/>

### Emergency Child Care Centers and Subsidy

To locate a Child Care Center and find out about the Subsidy available in support of NJ essential workers.

[https://www.nj.gov/dcf/coronavirus\\_licensedchildcare.html](https://www.nj.gov/dcf/coronavirus_licensedchildcare.html)

<https://www.childcarenj.gov/getattachment/Resources/Coronavirus/FinalECCAPGuidance.pdf?lang=en-US>

**New Jersey's comprehensive Earned Sick Leave, Temporary Disability and Family Leave Insurance protect your job during COVID-19.**

<https://www.nj.gov/labor/worker-protections/earnedsick/law.shtml>

<https://myleavebenefits.nj.gov/labor/myleavebenefits/worker/tdi/>

<https://myleavebenefits.nj.gov/labor/myleavebenefits/worker/fli/index.shtml>

### Hotline for Diabetes Emergency Kit

Anyone needing an emergency backup kit can apply to receive one by calling 973-849-5234

<https://www.njpca.org/locate-center/>

**New Jersey Family Care**

<http://www.njfamilycare.org/default.aspx>

**BIANJ Helpline** 732-783-6172

[info@bianj.org](mailto:info@bianj.org)

BIANJ's Helpline Specialists are available via phone, **email** or **online chat** to provide information, resources and support. BIANJ's Helpline is open Monday-Friday, 9:00am-5:00pm.

**NJ Traumatic Brain Injury Fund** 1-888-285-3036

The NJ TBI Fund is continuing operations. Case managers are supporting clients remotely. The **TBI Fund application** is available online, and can be printed and submitted by mail.

**NJ Mental Health CARES** 866-202-4357

[help@njmentalhealthcares.org](mailto:help@njmentalhealthcares.org)

If you're concerned about your mental health or the well being of a loved one, NJ Mental Health CARES can help. Their free hotline is open 7 days a week, from 8:00am-8:00pm. Staff offer counseling via telephone, as well as information and referral assistance to obtain behavioral health services.

**Traumatic Loss Coalitions for Youth (TLC)**

<https://ubhc.rutgers.edu/education/trauma-loss-coalition/overview.xml>

151 Centennial Avenue Piscataway, NJ 08854 Phone 732 235-2810

**NJHelps.org**

This one-stop website will help you determine if you are eligible for food assistance (SNAP), cash assistance (WFNJ/TANF or WFNJ/GA), and health insurance (NJ FamilyCare/Medicaid). You can apply for services or learn about additional resources.

**Register Ready NJ**

[registerready.nj.gov](http://registerready.nj.gov)

Register Ready allows New Jersey residents with disabilities or access and functional needs and their families, friends, caregivers and associates an opportunity to provide information to emergency response agencies so that emergency responders can better plan to serve them in the event of a disaster or other emergency.

**New Jersey Council on Developmental Disabilities (NJCDD)/ARC of New Jersey**

[njcdd.org](http://njcdd.org)

The NJCDD has partnered with the ARC of New Jersey to process requests for emergency funding from any individual with intellectual/developmental disabilities, their families, and any

qualified community-based organizations that provide support to people who are affected by the statewide COVID-19 response.

### **Division of Unemployment Insurance**

[myunemployment.nj.gov](http://myunemployment.nj.gov)

1. Northern New Jersey: 201-601-4100
2. Central New Jersey: 732-761-2020
3. Southern New Jersey: 856-507-2340

Unemployment insurance is a program that gives cash support to people who lose their jobs through no fault of their own.

## Appendix 1

### **Academy of Pediatrics Guidance**

The purpose of this guidance is to support education, public health, local leadership, and pediatricians collaborating with schools in creating policies for school re-entry that foster the overall health of children, adolescents, staff, and communities and are based on available evidence. Schools are fundamental to child and adolescent development and well-being and provide our children and adolescents with academic instruction, social and emotional skills, safety, reliable nutrition, physical/speech and mental health therapy, and opportunities for physical activity, among other benefits. Beyond supporting the educational development of children and adolescents, schools play a critical role in addressing racial and social inequity. As such, it is critical to reflect on the differential impact SARS-CoV-2 and the associated school closures have had on different races, ethnic and vulnerable populations. These recommendations are provided acknowledging that our understanding of the SARS-CoV-2 pandemic is changing rapidly.

Any school re-entry policies should consider the following key principles:

- School policies must be flexible and nimble in responding to new information, and administrators must be willing to refine approaches when specific policies are not working.
- It is critically important to develop strategies that can be revised and adapted depending on the level of viral transmission in the school and throughout the community and done with close communication with state and/or local public health authorities and recognizing the differences between school districts, including urban, suburban, and rural districts.
- Policies should be practical, feasible, and appropriate for the child and adolescent's developmental stage.
- Special considerations and accommodations to account for the diversity of youth should be made, especially for our vulnerable populations, including those who are

medically fragile, live in poverty, have developmental challenges, or have special health care needs or disabilities, with the goal of safe return to school.

- No child or adolescents should be excluded from school unless required in order to adhere to local public health mandates or because of unique medical needs. Pediatricians, families, and schools should partner together to collaboratively identify and develop accommodations, when needed.
- School policies should be guided by supporting the overall health and well-being of all children, adolescents, their families, and their communities. These policies should be consistently communicated in languages other than English, if needed, based on the languages spoken in the community, to avoid marginalization of parents/guardians who are of limited English proficiency or do not speak English at all.

With the above principles in mind, **the AAP strongly advocates that all policy considerations for the coming school year should start with a goal of having students physically present in school.** The importance of in-person learning is well-documented, and there is already evidence of the negative impacts on children because of school closures in the spring of 2020. Lengthy time away from school and associated interruption of supportive services often results in social isolation, making it difficult for schools to identify and address important learning deficits as well as child and adolescent physical or sexual abuse, substance use, depression, and suicidal ideation. This, in turn, places children and adolescents at considerable risk of morbidity and, in some cases, mortality. Beyond the educational impact and social impact of school closures, there has been substantial impact on food security and physical activity for children and families.

Policy makers must also consider the mounting evidence regarding COVID-19 in children and adolescents, including the role they may play in transmission of the infection. SARS-CoV-2 appears to behave differently in children and adolescents than other common respiratory viruses, such as influenza, on which much of the current guidance regarding school closures is based. Although children and adolescents play a major role in amplifying influenza outbreaks, to date, this does not appear to be the case with SARS-CoV-2. Although many questions remain, the preponderance of evidence indicates that children and adolescents are less likely to be symptomatic and less likely to have severe disease resulting from SARS-CoV-2 infection. In addition, children may be less likely to become infected and to spread infection. Policies to mitigate the spread of COVID-19 within schools must be balanced with the known harms to children, adolescents, families, and the community by keeping children at home.

Finally, policy makers should acknowledge that COVID-19 policies are intended to mitigate, not eliminate, risk. No single action or set of actions will completely eliminate the risk of SARS-CoV-2 transmission, but implementation of several coordinated interventions can greatly reduce that risk. For example, where physical distance cannot be maintained, students (over the age of 2 years) and staff can wear face coverings (when feasible). In the following sections, we review some general principles that policy makers should consider as they plan for the coming school year. For all of these, education for the entire school community regarding these measures should begin early, ideally at least several weeks before the start of the school year.

### **Physical Distancing Measures**

Physical distancing, sometimes referred to as social distancing, is simply the act of keeping people separated with the goal of limiting spread of contagion between individuals. It is fundamental to lowering the risk of spread of SARS-CoV-2, as the primary mode of

transmission is through respiratory droplets by persons in close proximity. There is a conflict between optimal academic and social/emotional learning in schools and strict adherence to current physical distancing guidelines. For example, the Centers for Disease Control and Prevention (CDC) recommends that schools "space seating/desks at least 6 feet apart when feasible." In many school settings, 6 feet between students is not feasible without limiting the number of students. Evidence suggests that spacing as close as 3 feet may approach the benefits of 6 feet of space, particularly if students are wearing face coverings and are asymptomatic. Schools should weigh the benefits of strict adherence to a 6-foot spacing rule between students with the potential downside if remote learning is the only alternative. Strict adherence to a specific size of student groups (eg, 10 per classroom, 15 per classroom, etc) should be discouraged in favor of other risk mitigation strategies. Given what is known about transmission dynamics, adults and adult staff within schools should attempt to maintain a distance of 6 feet from other persons as much as possible, particularly around other adult staff. For all of the below settings, physical distancing by and among adults is strongly recommended, and meetings and curriculum planning should take place virtually if possible. In addition, other strategies to increase adult-adult physical distance in time and space should be implemented, such as staggered drop-offs and pickups, and drop-offs and pickups outside when weather allows. Parents should, in general, be discouraged from entering the school building. Physical barriers, such as plexiglass, should be considered in reception areas and employee workspaces where the environment does not accommodate physical distancing, and congregating in shared spaces, such as staff lounge areas, should be discouraged.

The recommendations in each of the age groups below are not instructional strategies but are strategies to optimize the return of students to schools in the context of physical distancing guidelines and the developmentally appropriate implementation of the strategies. Educational experts may have preference for one or another of the guidelines based on the instructional needs of the classes or schools in which they work.

### **Pre-Kindergarten (Pre-K)**

In Pre-K, the relative impact of physical distancing among children is likely small based on current evidence and certainly difficult to implement. Therefore, Pre-K should focus on more effective risk mitigation strategies for this population. These include hand hygiene, infection prevention education for staff and families, adult physical distancing from one another, adults wearing face coverings, cohorting, and spending time outdoors.

#### *Higher-priority strategies:*

- Cohort classes to minimize crossover among children and adults within the school; the exact size of the cohort may vary, often dependent on local or state health department guidance.
- Utilize outdoor spaces when possible.
- Limit unnecessary visitors into the building.

#### *Lower-priority strategies:*

- Face coverings(cloth) for children in the Pre-K setting may be difficult to implement.
- Reducing classmate interactions/play in Pre-K aged children may not provide substantial COVID-19 risk reduction.

## **Elementary Schools**

### *Higher-priority strategies:*

- Children should wear face coverings when harms (eg, increasing hand-mouth/nose contact) do not outweigh benefits (potential COVID-19 risk reduction).
- Desks should be placed 3 to 6 feet apart when feasible (if this reduces the amount of time children are present in school, harm may outweigh potential benefits).
- Cohort classes to minimize crossover among children and adults within the school. Utilize outdoor spaces when possible.

### *Lower-priority strategies:*

- The risk reduction of reducing class sizes in elementary school-aged children may be outweighed by the challenge of doing so.
- Similarly, reducing classmate interactions/play in elementary school-aged children may not provide enough COVID-19 risk reduction to justify potential harms.

## **Secondary Schools**

There is likely a greater impact of physical distancing on risk reduction of COVID in secondary schools than early childhood or elementary education. There are also different barriers to successful implementation of many of these measures in older age groups, as the structure of school is usually based on students changing classrooms. Suggestions for physical distancing risk mitigation strategies when feasible:

- Universal face coverings in middle and high schools when not able to maintain a 6-foot distance (students and adults).
- Particular avoidance of close physical proximity in cases of increased exhalation (singing, exercise); these activities are likely safest outdoors and spread out.
- Desks should be placed 3 to 6 feet apart when feasible.
- Cohort classes if possible, limit cross-over of students and teachers to the extent possible.
- Ideas that may assist with cohorting:
- Block schedule (much like colleges, intensive 1-month blocks).
- Eliminate use of lockers or assign them by cohort to reduce need for hallway use across multiple areas of the building. (This strategy would need to be done in conjunction with planning to ensure students are not carrying home an unreasonable number of books on a daily basis and may vary depending on other cohorting and instructional decisions schools are making.)
- Have teachers rotate instead of students when feasible.
- Utilize outdoor spaces when possible.
- Teachers should maintain 6 feet from students when possible and if not disruptive to the educational process.

- Restructure elective offerings to allow small groups within one classroom. This may not be possible in a small classroom.

### **Special Education**

Every child and adolescent with a disability is entitled to a free and appropriate education and is entitled to special education services based on their individualized education program (IEP). Students receiving special education services may be more negatively affected by distance-learning and may be disproportionately impacted by interruptions in regular education. It may not be feasible, depending on the needs of the individual child and adolescent, to adhere both to distancing guidelines and the criteria outlined in a specific IEP. Attempts to meet physical distancing guidelines should meet the needs of the individual child and may require creative solutions, often on a case-by-case basis.

### **Physical Distancing in Specific Enclosed Spaces**

#### **Bussing**

- Encourage alternative modes of transportation for students who have other options.
- Ideally, for students riding the bus, symptom screening would be performed prior to being dropped off at the bus. Having bus drivers or monitors perform these screenings is problematic, as they may face a situation in which a student screens positive yet the parent has left, and the driver would be faced with leaving the student alone or allowing the student on the bus.
- Assigned seating; if possible, assign seats by cohort (same students sit together each day).
- Tape marks showing students where to sit.
- When a 6-foot distance cannot be maintained between students, face coverings should be worn.
- Drivers should be a minimum of 6 feet from students; driver must wear face covering; consider physical barrier for driver (eg, plexiglass).
- Minimize the number of people on the bus at one time within reason. Adults who do not need to be on the bus should not be on the bus.
- Have windows open if weather allows.

#### **Hallways**

- Consider creating one-way hallways to reduce close contact.
- Place physical guides, such as tape, on floors or sidewalks to create one-way routes.
- Where feasible, keep students in the classroom and rotate teachers instead.
- Stagger class periods by cohorts for movement between classrooms if students must move between classrooms to limit the number of students in the hallway when changing classrooms.
- Assign lockers by cohort or eliminate lockers altogether.

## **Playgrounds**

Enforcing physical distancing in an outside playground is difficult and may not be the most effective method of risk mitigation. Emphasis should be placed on cohorting students and limiting the size of groups participating in playground time. Outdoor transmission of virus is known to be much lower than indoor transmission.

## **Meals/Cafeteria**

- School meals play an important part in addressing food security for children and adolescents. Decisions about how to serve meals must take into account the fact that in many communities there may be more students eligible for free and reduced meals than prior to the pandemic.
- Consider having students cohorting, potentially in their classrooms, especially if students remain in their classroom throughout the day.
- Create separate lunch periods to minimize the number of students in the cafeteria at one time. Utilize additional spaces for lunch/break times.
- Utilize outdoor spaces when possible.
- Create an environment that is as safe as possible from exposure to food allergens. Wash hands or use hand sanitizer before and after eating.

## **Cleaning and Disinfection**

The main mode of COVID-19 spread is from person to person, primarily via droplet transmission. For this reason, strategies for infection prevention should center around this form of spread, including physical distancing, face coverings, and hand hygiene. Given the challenges that may exist in children and adolescents in effectively adhering to recommendations, it is critical staff are setting a good example for students by modeling behaviors around physical distancing, face coverings and hand hygiene. Infection via aerosols and fomites is less likely. However, because the virus may survive in certain surfaces for some time, it is possible to get infected after touching a virus contaminated surface and then touching the mouth, eyes, or nose. Frequent handwashing as a modality of containment is vital.

Cleaning should be performed per established protocols followed by disinfection when appropriate. Normal cleaning with soap and water decreases the viral load and optimizes the efficacy of disinfectants. When using disinfectants, the manufacturers' instructions must be followed, including duration of dwell time, use of personal protective equipment (PPE), if indicated, and proper ventilation. The use of EPA approved disinfectants against COVID-19 is recommended (E PA List N). When possible, only products labeled as safe for humans and the environment (eg, Safer or Designed for the Environment), containing active ingredients such as hydrogen peroxide, ethanol, citric acid, should be selected from this list, because they are less toxic, are not strong respiratory irritants or asthma triggers, and have no known carcinogenic, reproductive, or developmental effects.

When EPA-approved disinfectants are not available, alternative disinfectants such as diluted bleach or 70% alcohol solutions can be used. Children should not be present when disinfectants are in use and should not participate in disinfecting activities. Most of these products are not safe for use by children, whose "hand-to-mouth" behaviors and frequent touching of their face and eyes put them at higher risk for toxic exposures. If disinfection is needed while children are in the classroom, adequate ventilation should be in place and nonirritating products should be used.



Disinfectants such as bleach and those containing quaternary ammonium compounds or “Quats” should not be used when children and adolescents are present, because these are known respiratory irritants.

In general, elimination of high-touch surfaces is preferable to frequent cleaning. For example, classroom doors can be left open rather than having students open the door when entering and leaving the classroom or the door can be closed once all students have entered followed by hand sanitizing. As part of increasing social distance between students and surfaces requiring regular cleaning, schools could also consider eliminating the use of lockers, particularly if they are located in shared spaces or hallways, making physical distancing more challenging. If schools decide to use this strategy, it should be done within the context of ensuring that students are not forced to transport unreasonable numbers of books back and forth from school on a regular basis.

When elimination is not possible, surfaces that are used frequently, such as drinking fountains, door handles, sinks and faucet handles, etc, should be cleaned and disinfected at least daily and as often as possible. Bathrooms, in particular, should receive frequent cleaning and disinfection. Shared equipment including computer equipment, keyboards, art supplies, and play or gym equipment should also be disinfected frequently. Hand washing should be promoted before and after touching shared equipment. Computer keyboard covers can be used to facilitate cleaning between users. Routine cleaning practices should be used for indoor areas that have not been used for 7 or more days or outdoor equipment.

Surfaces that are not high touch, such as bookcases, cabinets, wall boards, or drapes should be cleaned following standard protocol. The same applies to floors or carpeted areas.

Outdoor playgrounds/natural play areas only need routine maintenance, and hand hygiene should be emphasized before and after use of these spaces. Outdoor play equipment with high-touch surfaces, such as railings, handles, etc, should be cleaned and disinfected regularly if used continuously.

UV light kills viruses and bacteria and is used in some controlled settings as a germicide. UV light-emitting devices should not be used in the school setting, because they are not safe for children and adults and can cause skin and eye damage.

### **Testing and Screening**

Virologic testing is an important part of the overall public health strategy to limit the spread of COVID-19. Virologic testing detects the viral RNA from a respiratory (usually nasal) swab specimen. Testing all students for acute SARS-CoV-2 infection prior to the start of school is not feasible in most settings at this time. Even in places where this is possible, it is not clear that such testing would reduce the likelihood of spread within schools. It is important to recognize that virologic testing only shows whether a person is infected at that specific moment in time. It is also possible that the nasal swab virologic test result can be negative during the early incubation period of the infection. So, although a negative virologic test result is reassuring, it does not mean that the student or school staff member is not going to subsequently develop COVID-19. Stated another way, a student who is negative for COVID 19 on the first day of school may not remain negative throughout the school year.

If a student or school staff member has a known exposure to COVID-19 (eg, a household member with laboratory-confirmed SARS-CoV-2 infection or illness consistent with COVID-19) or has COVID-19 symptoms, having a negative virologic test result, according to

CDC guidelines, may be warranted for local health authorities to make recommendations regarding contact tracing and/ or school exclusion or school closure.

The other type of testing is serologic blood testing for antibodies to SARS-CoV-2. At the current time, serologic testing should not be used for individual decision-making and has no place in considerations for entrance to or exclusion from school. CDC guidance regarding antibody testing for COVID-19 is that serologic test results should not be used to make decisions about grouping people residing in or being admitted to congregate settings, such as schools, dormitories, or correctional facilities. Additionally, serologic test results should not be used to make decisions about returning people to the workplace. The CDC states that serologic testing should not be used to determine immune status in individuals until the presence, durability, and duration of immunity is established. The AAP recommends this guidance be applied to school settings as well.

Schools should have a policy regarding symptom screening and what to do if a student or school staff member becomes sick with COVID-19 symptoms. Temperature checks and symptom screening are a frequent part of many reopening processes to identify symptomatic persons to exclude them from entering buildings and business establishments. The list of symptoms of COVID-19 infection has grown since the start of the pandemic and the manifestations of COVID-19 infection in children, although similar, is often not the same as that for adults. **School policies regarding temperature screening and temperature checks must balance the practicality of performing these screening procedures for large numbers of students and staff with the information known about how children manifest COVID-19 infection, the risk of transmission in schools, and the possible lost instructional time to conduct the screenings.** Schools should develop plans for rapid response to a student or staff member with fever who is in the school regardless of the implementation of temperature checks or symptom screening prior to entering the school building. In many cases, it will not be practical for temperature checks to be performed prior to students arriving at school. **Parents should be instructed to keep their child at home if they are ill.** Any student or staff member with a fever of 100.4 degrees or greater or symptoms of possible COVID-19 virus infection should not be present in school.

In lieu of temperature checks and symptom screening being performed after arrival to school, **methods to allow parent report of temperature checks done at home may be considered.** Resources and time may necessitate this strategy at most schools. The epidemiology of disease in children along with evidence of the utility of temperature screenings in health systems may further justify this approach. Procedures using texting apps, phone systems, or online reporting rely on parent report and may be most practical but possibly unreliable, depending on individual family's ability to use these communication processes, especially if not made available in their primary language. Although imperfect, these processes may be most practical and likely to identify the most ill children who should not be in school. School nurses or nurse aides should be equipped to measure temperatures for any student or staff member who may become ill during the school day and should have an identified area to separate or isolate students who may have COVID-19 symptoms.

COVID-19 infection manifests similarly to other respiratory illnesses in children. Although children manifest many of the same symptoms of COVID-19 infection as adults, some differences are noteworthy. According to the CDC, children may be less likely to have fever, may be less likely to present with fever as an initial symptom, and may have only gastrointestinal tract symptoms. A student or staff member excluded because of symptoms of

COVID-19 should be encouraged to contact their health care provider to discuss testing and medical care. In the absence of testing, students or staff should follow local health department guidance for exclusion.

### **Face Coverings and PPE**

Cloth face coverings protect others if the wearer is infected with SARS CoV-2 and is not aware. Cloth masks may offer some level of protection for the wearer. Evidence continues to mount on the importance of universal face coverings in interrupting the spread of SARS-CoV-2. Although ideal, universal face covering use is not always possible in the school setting for many reasons. Some students, or staff, may be unable to safely wear a cloth face covering because of certain medical conditions (eg, developmental, respiratory, tactile aversion, or other conditions) or may be uncomfortable, making the consistent use of cloth face coverings throughout the day challenging. For individuals who have difficulty with wearing a cloth face covering and it is not medically contraindicated to wear a face covering, behavior techniques and social skills stories(see resource section)can be used to assist in adapting to wearing a face covering. When developing policy regarding the use of cloth face coverings by students or school staff, school districts and health advisors should consider whether the use of cloth face coverings is developmentally appropriate and feasible and whether the policy can be instituted safely. If not developmentally feasible, which may be the case for younger students, and cannot be done safely (eg, the face covering makes wearers touch their face more than they otherwise would), schools may choose to not require their use when physical distancing measures can be effectively implemented. School staff and older students (middle or high school) may be able to wear cloth face coverings safely and consistently and should be encouraged to do so. Children under 2 years and anyone who has trouble breathing or is unconscious, incapacitated, or otherwise unable to remove a face covering without assistance should not wear cloth face coverings.

For certain populations, the use of cloth face coverings by teachers may impede the education process. These include students who are deaf or hard of hearing, students receiving speech/language services, young students in early education programs, and English-language learners. Although there are products (eg, face coverings with clear panels in the front) to facilitate their use among these populations, these may not be available in all settings.

Students and families should be taught how to properly wear (cover nose and mouth) a cloth face covering, to maintain hand hygiene when removing for meals and physical activity, and for replacing and maintaining (washing regularly) a cloth face covering.

School health staff should be provided with appropriate medical PPE to use in health suites. This PPE should include N95 masks, surgical masks, gloves, disposable gowns, and face shields or other eye protection. School health staff should be aware of the CDC guidance on infection control measures. Asthma treatments using inhalers with spacers are preferred over nebulizer treatments whenever possible. The CDC recommends that nebulizer treatments at school should be reserved for children who cannot use or do not have access to an inhaler (with spacer or spacer with mask). Schools should work with families and health care providers to assist with obtaining an inhaler for students with limited access. In addition, schools should work to develop and implement asthma action plans, which may include directly observed controller medication administration in schools to promote optimal asthma control. If required while waiting for a student to be picked up to go home or for emergency personnel to arrive, when using nebulizer or a peak flow meter, school health staff should wear gloves, an N95 facemask,

and eye protection. Staff should be trained on proper donning and doffing procedures and follow the CDC guidance regarding precautions when performing aerosol-generating procedures. Nebulizer treatments should be performed in a space that limits exposure to others and with minimal staff present. Rooms should be well ventilated or treatments should be performed outside. After the use of the nebulizer, the room should undergo routine cleaning and disinfection.

School staff working with students who are unable to wear a cloth face covering and who must be in close proximity to them should ideally wear N95 masks. When access to N95 masks is limited, a surgical mask in combination with a face shield should be used. Face shields or other forms of eye protection should also be used when working with students unable to manage secretions.

### **On-site School Based Health Services**

On-site school health services should be supported if available, to complement the pediatric medical home and to provide pediatric acute and chronic care. Collaboration with school nurses will be essential, and school districts should involve School Health Services staff early in the planning phase for reopening and consider collaborative strategies that address and prioritize immunizations and other needed health services for students, including behavioral health and reproductive health services.

### **Education**

The impacts of lost instructional time and social emotional development on children and adolescents should be anticipated, and schools will need to be prepared to adjust curricula and instructional practices accordingly without the expectation that all lost academic progress can be caught up. Plans to make up for lost academic progress because of school closures and distress associated with the pandemic should be balanced by a recognition of the likely continued distress of educators and students that will persist when schools reopen. If the academic expectations are unrealistic, school will likely become a source of further distress for students (and educators) at a time when they need additional support. It is also critical to maintain a balanced curriculum with continued physical education and other learning experiences rather than an exclusive emphasis on core subject areas.

### **Students With Disabilities**

The impact of loss of instructional time and related services, including mental health services as well as occupational, physical, and speech/language therapy during the period of school closures is significant for students with disabilities. Students with disabilities may also have more difficulty with the social and emotional aspects of transitioning out of and back into the school setting. As schools prepare for reopening, school personnel should develop a plan to ensure a review of each child and adolescent with an IEP to determine the needs for compensatory education to adjust for lost instructional time as well as other related services. In addition, schools can expect a backlog in evaluations; therefore, plans to prioritize those for new referrals as opposed to re-evaluations will be important. = Many school districts require adequate instructional effort before determining eligibility for special education services.

However, virtual instruction or lack of instruction should not be reasons to avoid starting services such as response-to-intervention (RTI) services, even if a final eligibility determination is postponed.

## **Behavioral Health/Emotional Support for Children and Adolescents**

Schools should anticipate and be prepared to address a wide range of mental health needs of children and staff when schools reopen. Preparation for infection control is vital and admittedly complex during an evolving pandemic. But the emotional impact of the pandemic, financial/employment concerns, social isolation, and growing concerns about systemic racial inequity — coupled with prolonged limited access to critical school-based mental health services and the support and assistance of school professionals — demands careful attention and planning as well. Schools should be prepared to adopt an approach for mental health support.

Schools should consider providing training to classroom teachers and other educators on how to talk to and support children during and after the COVID-19 pandemic. Students requiring mental health support should be referred to school mental health professionals.

Suicide is the second leading cause of death among adolescents or youth 10 to 24 years of age in the United States. In the event distance learning is needed, schools should develop mechanisms to evaluate youth remotely if concerns are voiced by educators or family members and should be establishing policies, including referral mechanisms for students believed to be in need of in-person evaluation, even before schools reopen.

School mental health professionals should be involved in shaping messages to students and families about the response to the pandemic. Fear-based messages widely used to encourage strict physical distancing may cause problems when schools reopen, because the risk of exposure to COVID-19 may be mitigated but not eliminated.

When schools do reopen, plans should already be in place for outreach to students who do not return, given the high likelihood of separation anxiety and agoraphobia in students. Students may have difficulty with the social and emotional aspects of transitioning back into the school setting, especially given the unfamiliarity with the changed school environment and experience. Special considerations are warranted for students with pre-existing anxiety, depression, and other mental health conditions; children with a prior history of trauma or loss; and students in early education who may be particularly sensitive to disruptions in routine and caregivers. Students facing other challenges, such as poverty, food insecurity, and homelessness, and those subjected to ongoing racial inequities may benefit from additional support and assistance.

Schools need to incorporate academic accommodations and support for all students who may still be having difficulty concentrating or learning new information because of stress associated with the pandemic. It is important that schools do not anticipate or attempt to catch up for lost academic time through accelerating curriculum delivery at a time when students and educators may find it difficult to even return to baseline rates. These expectations should be communicated to educators, students, and family members so that school does not become a source of further distress.

## **Mental Health of Staff**

The personal impact on educators and other school staff should be recognized. In the same way that students are going to need support to effectively return to school and to be prepared to be ready to process the information they are being taught, teachers cannot be expected to be successful at teaching children without having their mental health needs supported. The strain on teachers this year as they have been asked to teach differently while they support their own needs and those of their families has been significant, and they will be bringing that stress back to school as schools reopen. Resources such as Employee Assistance Programs and other means

to provide support and mental health services should be established prior to reopening. The individual needs and concerns of school professionals should be addressed with accommodations made as needed (eg, for a classroom educator who is pregnant, has a medical condition that confers a higher risk of serious illness with COVID-19, resides with a family member who is at higher risk, or has a mental health condition that compromises the ability to cope with the additional stress). Although schools should be prepared to be agile to meet evolving needs and respond to increasing knowledge related to the pandemic and may need to institute partial or complete closures when the public health need requires, they should recognize that staff, students, and families will benefit from sufficient time to understand and adjust to changes in routine and practices. During a crisis, people benefit from clear and regular communication from a trusted source of information and the opportunity to dialogue about concerns and needs and feel they are able to contribute in some way to the decision-making process. Change is more difficult in the context of crisis and when predictability is already severely compromised.

### **Food Insecurity**

In 2018, 11.8 million children and adolescents (1 in 7) in the United States lived in a food-insecure household. The coronavirus pandemic has led to increased unemployment and poverty for America's families, which in turn will likely increase even further the number of families who experience food insecurity. School re-entry planning must consider the many children and adolescents who experience food insecurity already (especially at-risk and low-income populations) and who will have limited access to routine meals through the school district if schools remain closed. The short- and long-term effects of food insecurity in children and adolescents are profound. **Plans should be made prior to the start of the school year for how students participating in free- and reduced- meal programs will receive food in the event of a school closure or if they are excluded from school because of illness or SARS-CoV-2 infection.**

### **Immunizations**

Existing school immunization requirements should be maintained and not deferred because of the current pandemic. In addition, although influenza vaccination is generally not required for school attendance, in the coming academic year, it should be highly encouraged for all students. School districts should consider requiring influenza vaccination for all staff members. Pediatricians should work with schools and local public health authorities to promote childhood vaccination messaging well before the start of the school year. It is vital that all children receive recommended vaccinations on time and get caught up if they are behind as a result of the pandemic. The capacity of the health care system to support increased demand for vaccinations should be addressed through a multifaceted collaborative and coordinated approach among all child-serving agencies including schools.

### **Organized Activities**

It is likely that sporting events, practices, and conditioning sessions will be limited in many locations. Preparticipation evaluations should be conducted in alignment with the [AAP Preparticipation Physical Evaluation Monograph](#), 5th ed, and state and local guidance.

### **Resources**

[Coalition to Support Grieving Students](#)

[Using Social Stories to Support People with I/DD During the COVID-19 Emergency](#)

[Social Stories for Young and Old on COVID-19](#)

### **Additional Information**

If you need a print version of this guidance, use the Print icon at the top of the page or download a pdf [here](#).

Information for Parents on HealthyChildren.org:

[Returning to School During COVID-19](#)

[Guidance Related to Childcare During COVID-19](#)

[Guidance on Providing Pediatric Well-Care During COVID-19](#)

[List of latest AAP News articles on COVID-19](#)

[Pediatrics COVID-19 Collection](#)

[COVID-19 Advocacy Resources](#) (Login required)

[Centers for Disease Control and Prevention: Considerations for Schools](#)

[Centers for Disease Control and Prevention: School Decision Tree](#)

[Centers for Disease Control and Prevention: Activities and Initiatives Supporting the COVIDResponse](#)

**Interim Guidance Disclaimer:** The COVID-19 clinical interim guidance provided here has been updated based on current evidence and information available at the time of publishing. Guidance will be regularly reviewed with regards to the evolving nature of the pandemic and emerging evidence. All interim guidance will be presumed to expire in December 2020 unless otherwise specified.

## Appendix 2

### **Centers for Disease Control and Prevention**

#### **Coronavirus Disease 2019 (COVID-19)**

##### **Considerations for Schools**

As some communities in the United States open K-12 schools, CDC offers the following considerations for ways in which schools can help protect students, teachers, administrators, and staff and slow the spread of COVID-19. Schools can determine, in collaboration with state and local health officials to the extent possible, whether and how to implement these considerations while adjusting to meet the unique needs and circumstances of the local community. Implementation should be guided by what is feasible, practical, acceptable, and tailored to the needs of each community. School-based health facilities may refer to CDC's Guidance for U.S. Healthcare Facilities and may find it helpful to reference the Ten Ways Healthcare Systems Can Operate Effectively During the COVID-19 Pandemic. These considerations are meant to

supplement—not replace—any state, local, territorial, or tribal health and safety laws, rules, and regulations with which schools must comply.

### **Guiding Principles to Keep in Mind**

The more people a student or staff member interacts with, and the longer that interaction, the higher the risk of COVID-19 spread. The risk of COVID-19 spread increases in school settings as follows:

- **Lowest Risk:** Students and teachers engage in virtual-only classes, activities, and events.
- **More Risk:** Small, in-person classes, activities, and events. Groups of students stay together and with the same teacher throughout/across school days and groups do not mix. Students remain at least 6 feet apart and do not share objects (e.g., hybrid virtual and in-person class structures, or staggered/rotated scheduling to accommodate smaller class sizes).
- **Highest Risk:** Full sized, in-person classes, activities, and events. Students are not spaced apart, share classroom materials or supplies, and mix between classes and activities.

COVID-19 is mostly spread by respiratory droplets released when people talk, cough, or sneeze. It is thought that the virus may spread to hands from a contaminated surface and then to the nose or mouth, causing infection. Therefore, personal prevention practices (such as handwashing, staying home when sick) and environmental cleaning and disinfection are important principles that are covered in this document. Fortunately, there are a number of actions school administrators can take to help lower the risk of COVID-19 exposure and spread during school sessions and activities.

### **Promoting Behaviors that Reduce Spread**

Schools may consider implementing several strategies to encourage behaviors that reduce the spread of COVID-19.

#### **Staying Home when Appropriate**

- Educate staff and families about when they/their children should stay home and when they can return to school.
  - Actively encourage employees and students who are sick or who have recently had close contact with a person with COVID-19 to stay home. Develop policies that encourage sick employees and students to stay at home without fear of reprisal, and ensure employees, students, and students’ families are aware of these policies. Consider not having perfect attendance awards, not assessing schools based on absenteeism, and offering virtual learning and telework options, if feasible.
  - Staff and students should stay home if they have tested positive for or are showing COVID-19 symptoms.
  - Staff and students who have recently had close contact with a person with COVID-19 should also stay home and monitor their health.
- CDC’s criteria can help inform when employees should return to work:
  - If they have been sick with COVID-19
  - If they have recently had close contact with a person with COVID-19



## **Hand Hygiene and Respiratory Etiquette**

- o Teach and reinforce handwashing with soap and water for at least 20 seconds and increase monitoring to ensure adherence among students and staff.

- § If soap and water are not readily available, hand sanitizer that contains at least 60% alcohol can be used (for staff and older children who can safely use hand sanitizer).

- o Encourage staff and students to cover coughs and sneezes with a tissue. Used tissues should be thrown in the trash and hands washed immediately with soap and water for at least 20 seconds.

- § If soap and water are not readily available, hand sanitizer that contains at least 60% alcohol can be used (for staff and older children who can safely use hand sanitizer).

## **Cloth Face Coverings**

- o Teach and reinforce use of cloth face coverings. Face coverings may be challenging for students (especially younger students) to wear in all-day settings such as school. Face coverings should be worn by staff and students (particularly older students) as feasible, and are most essential in times when physical distancing is difficult. Individuals should be frequently reminded not to touch the face covering and to wash their hands frequently. Information should be provided to staff, students, and students' families on proper use, removal, and washing of cloth face coverings.

Note: Cloth face coverings should not be placed on:

- Children younger than 2 years old
- Anyone who has trouble breathing or is unconscious
- Anyone who is incapacitated or otherwise unable to remove the cloth face covering without assistance

- o Cloth face coverings are meant to protect other people in case the wearer is unknowingly infected but does not have symptoms. Cloth face coverings are not surgical masks, respirators, or other medical personal protective equipment.

## **Adequate Supplies**

- o Support healthy hygiene behaviors by providing adequate supplies, including soap, hand sanitizer with at least 60 percent alcohol (for staff and older children who can safely use hand sanitizer), paper towels, tissues, disinfectant wipes, cloth face coverings (as feasible) and no-touch/foot-pedal trash cans.

## **Signs and Messages**

- o Post signs in highly visible locations (e.g., school entrances, restrooms) that promote everyday protective measures and describe how to stop the spread of germs (such as by properly washing hands and properly wearing a cloth face covering).

- o Broadcast regular announcements on reducing the spread of COVID-19 on PA systems.
- o Include messages (for example, videos) about behaviors that prevent the spread of COVID-19 when communicating with staff and families (such as on school websites, in emails, and on school social media accounts).
- o Find free CDC print and digital resources on CDC’s communications resources main page.

**Maintaining Healthy Environments**

Schools may consider implementing several strategies to maintain healthy environments.

**Cleaning and Disinfection**

- o Clean and disinfect frequently touched surfaces (e.g., playground equipment, door handles, sink handles, drinking fountains) within the school and on school buses at least daily or between use as much as possible. Use of shared objects (e.g., gym or physical education equipment, art supplies, toys, games) should be limited when possible, or cleaned between use.
- o If transport vehicles (e.g., buses) are used by the school, drivers should practice all safety actions and protocols as indicated for other sta□ (e.g., hand hygiene, cloth face coverings). To clean and disinfect school buses or other transport vehicles, see guidance for bus transit operators.
- o Develop a schedule for increased, routine cleaning and disinfection.
- o Ensure safe and correct use and storage of cleaning and disinfection products, including storing products securely away from children. Use products that meet EPA disinfection criteria.
- o Cleaning products should not be used near children, and sta□ should ensure that there is adequate ventilation when using these products to prevent children or themselves from inhaling toxic fumes.

**Shared Objects**

- o Discourage sharing of items that are difficult to clean or disinfect.
- o Keep each child’s belongings separated from others’ and in individually labeled containers, cubbies, or areas.
- o Ensure adequate supplies to minimize sharing of high touch materials to the extent possible (e.g., assigning each student their own art supplies, equipment) or limit use of supplies and equipment by one group of children at a time and clean and disinfect between use.
- o Avoid sharing electronic devices, toys, books, and other games or learning aids.

**Ventilation**

- o Ensure ventilation systems operate properly and increase circulation of outdoor air as much as possible, for example by opening windows and doors.

Do not open windows and doors if doing so poses a safety or health risk (e.g., risk of falling, triggering asthma symptoms) to children using the facility.

### **Water Systems**

- o To minimize the risk of Legionnaires disease and other diseases associated with water, take steps to ensure that all water systems and features (e.g., sink faucets, drinking fountains, and decorative fountains) are safe to use after a prolonged facility shutdown. Drinking fountains should be cleaned and sanitized, but encourage staff and students to bring their own water to minimize use and touching of water fountains.

### **Modified Layouts**

- o Space seating/desks at least 6 feet apart when feasible.
- o Turn desks to face in the same direction (rather than facing each other), or have students sit on only one side of tables, spaced apart.
- o Create distance between children on school buses (g., seat children one child per row, skip rows) when possible.

### **Physical Barriers and Guides**

- o 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).
- o Provide physical guides, such as tape on floors or sidewalks and signs on walls, to ensure that staff and children remain at least 6 feet apart in lines and at other times (e.g. guides for creating “one way routes” in hallways).

### **Communal Spaces**

- o Close communal use shared spaces such as dining halls and playgrounds with shared playground equipment if possible; otherwise, stagger use and clean and disinfect between use.
- o Add physical barriers, such as plastic flexible screens, between bathroom sinks especially when they cannot be at least 6 feet apart.

### **Food Service**

- o Have children bring their own meals as feasible, or serve individually plated meals in classrooms instead of in a communal dining hall or cafeteria, while ensuring the safety of children with food allergies.
- o Use disposable food service items (e.g., utensils, dishes). If disposable items are not feasible or desirable, ensure that all non disposable food service items are handled with gloves and washed with dish soap and hot water or in a dishwasher. Individuals should wash their hands after removing their gloves or after directly handling used food service items.
- o 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 food and utensils and ensure the safety of children with food allergies.

## **Maintaining Healthy Operations**

Schools may consider implementing several strategies to maintain healthy operations.

### **Protections for Staff and Children at Higher Risk for Severe Illness from COVID-19**

- o Offer options for staff at higher risk for severe illness (including older adults and people of all ages with certain underlying medical conditions) that limit their exposure risk (e.g., telework, modified job responsibilities that limit exposure risk).
- o Offer options for students at higher risk of severe illness that limit their exposure risk (e.g., virtual learning opportunities).
- o Consistent with applicable law, put in place policies to protect the privacy of people at higher risk for severe illness regarding underlying medical conditions.

### **Regulatory Awareness**

- o Be aware of local or state regulatory agency policies related to group gatherings to determine if events can be held.

### **Gatherings, Visitors, and Field Trips**

- o Pursue virtual group events, gatherings, or meetings, if possible, and promote social distancing of at least 6 feet between people if events are held. Limit group size to the extent possible.
- o Limit any nonessential visitors, volunteers, and activities involving external groups or organizations as possible – especially with individuals who are not from the local geographic area (e.g., community, town, city, county).
- o Pursue virtual activities and events in lieu of field trips, student assemblies, special performances, school-wide parent meetings, and spirit nights, as possible.
- o Pursue options to convene sporting events and participation in sports activities in ways that minimizes the risk of transmission of COVID-19 to players, families, coaches, and communities.

### **Identifying Small Groups and Keeping Them Together (Cohorting)**

- o 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).
- o Limit mixing between groups if possible.

### **Staggered Scheduling**

- o Stagger arrival and drop-off times or locations by cohort or put in place other protocols to limit contact between cohorts and direct contact with parents as much as possible.
- o When possible, use flexible worksites (e.g., telework) and flexible work hours (e.g., staggered shifts) to help establish policies and practices for social distancing (maintaining distance of approximately 6 feet) between employees

and others, especially if social distancing is recommended by state and local health authorities.

· **Designated COVID-19 Point of Contact**

- o Designate a staff person to be responsible for responding to COVID-19 concerns (e.g., school nurse). All school staff and families should know who this person is and how to contact them.

· **Participation in Community Response Efforts**

- o Consider participating with local authorities in broader COVID-19 community response efforts (e.g., sitting on community response committees).

· **Communication Systems**

- o Put systems in place for:
  - Consistent with applicable law and privacy policies, having staff and families self-report to the school if they or their student have symptoms of COVID-19, a positive test for COVID-19, or were exposed to someone with COVID-19 within the last 14 days in accordance with health information sharing regulations for COVID-19 (e.g. see “Notify Health Officials and Close Contacts” in the Preparing for When Someone Gets Sick section below) and other applicable federal and state laws and regulations relating to privacy and confidentiality, such as the Family Educational Rights and Privacy Act (FERPA).
  - Notifying staff, families, and the public of school closures and any restrictions in place to limit COVID-19 exposure (e.g., limited hours of operation).

· **Leave (Time Off Policies and Excused Absence Policies)**

- o Implement flexible sick leave policies and practices that enable staff to stay home when they are sick, have been exposed, or caring for someone who is sick.
  - Examine and revise policies for leave, telework, and employee compensation.
  - Leave policies should be flexible and not punish people for taking time off, and should allow sick employees to stay home and away from co-workers. Leave policies should also account for employees who need to stay home with their children if there are school or childcare closures, or to care for sick family members.
- o Develop policies for return-to-school after COVID-19 illness. CDC’s criteria to discontinue home isolation and quarantine can inform these policies.

· **Back-Up Staffing Plan**

- o Monitor absenteeism of students and employees, cross-train staff and create a roster of trained back-up staff.

· **Staff Training**

- o Train staff on all safety protocols.

- o Conduct training virtually or ensure that social distancing is maintained during training.

- **Recognize Signs and Symptoms**

- o If feasible, conduct daily health checks (e.g., temperature screening and/or or symptom checking) of staff and students.
- o Health checks should be conducted safely and respectfully, and in accordance with any applicable privacy laws and regulations. School 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.

- **Sharing Facilities**

- o Encourage any organizations that share or use the school facilities to also follow these considerations.

- **Support Coping and Resilience**

- o Encourage employees and students to take breaks from watching, reading, or listening to news stories about COVID-19, including social media if they are feeling overwhelmed or distressed.
- o Promote employees and students eating healthy, exercising, getting sleep, and finding time to unwind.
- o Encourage employees and students to talk with people they trust about their concerns and how they are feeling.
- o Consider posting signage for the national distress hotline: 1-800-985-5990, or text TalkWithUsto 66746

### **Preparing for When Someone Gets Sick**

Schools may consider implementing several strategies to prepare for when someone gets sick.

- **Advise Staff and Families of Sick Students of Home Isolation Criteria**

- o Sick staff members or students should not return until they have met CDC's criteria to discontinue home isolation.

- **Isolate and Transport Those Who are Sick**

- o Make sure that staff and families know that they (staff) or their children (families) should not come to school, and that they should notify school officials (e.g., the designated COVID-19 point of contact) if they (staff) or their child (families) become sick with COVID-19 symptoms, test positive for COVID-19, or have been exposed to someone with COVID-19 symptoms or a concerned or suspected case.
- o Immediately separate staff and children with COVID-19 symptoms (such as fever, cough, or shortness of breath) at school. Individuals who are sick should go home or to a healthcare facility depending on how severe their symptoms are, and follow CDC guidance for caring for oneself and others who are sick.

- o Work with school administrators, nurses, and other healthcare providers to identify an isolation room or area to separate anyone who has COVID-19 symptoms or tests positive but does not have 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.
- o Establish procedures for safely transporting anyone who is sick to their home or to a healthcare facility. If you are calling an ambulance or bringing someone to the hospital, try to call first to alert them that the person may have COVID-19.

#### **Clean and Disinfect**

- o Close off areas used by a sick person and do not use these areas until after cleaning and disinfecting
- o Wait at least 24 hours before cleaning and disinfecting. If 24 hours is not feasible, wait as long as possible. Ensure safe and correct use and storage of cleaning and disinfection products, including storing products securely away from children.

#### **Notify Health Officials and Close Contacts**

- o In accordance with state and local laws and regulations, school administrators should notify local health officials, staff, and families immediately of any case of COVID-19 while maintaining confidentiality in accordance with the Americans with Disabilities Act (ADA).
- o Inform those who have had close contact with a person diagnosed with COVID-19 to stay home and self-monitor for symptoms, and follow CDC guidance if symptoms develop.