Soda Springs School District 150

COVID-19 Contingency Re-Entry Plan

(Draft 06-04-2020)

Commented [MS1]: Re work at completion to coordinate page numbers and appendix references in document.

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Commented [MS2]: first attempt at social distancing and Alt schedules be the next step if necessary

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FIRST STEPS: An Overview of Options

Our mission *to* ***Graduate each Student Prepared for College, Advanced Training, Career, and Citizenship*** *is* best fulfilled when teachers and students come together at school and in classrooms. With this in mind, it is our intention to resume a **Normal Learning Model** as scheduled August 19, 2020. However, we must acknowledge the restraints that may be in place due to the COVID 19 Pandemic. Returning to school may require special precautions and protocols to safeguard the health and well-being of our students, faculty, and staff. The District has been developing these protocols in close coordination with local, regional, and state officials including Southeast Idaho Public Health (SIPH), Caribou County Office of Emergency Management (CCOEM), the State Department of Education (SDE), the Office of the Governor, and the Idaho State Board of Education (ISBOE).

We plan to open the school buildings when conditions permit. We realize, however that it may be necessary to employ a **Blended Learning Model**. For the safety of our students and staff, and depending on conditions and guidance from coordinating agencies, we may also need to resort to a **Distance Learning Model**. In every category, communication will be provided, training and technology support for parents and students will be available, cleaning and disinfecting protocols will be followed, alternate learning opportunities for vulnerable populations will be available, and athletics and activities will be evaluated for safety.

All plans will be approved by the Soda Springs Board of Trustees and in coordination with SIPH and the (ISBOE)We are creating plans for three possible learning categories:

Category 1: Normal Learning: *All staff and students in the school buildings.*

- Community spread will be evaluated; return to normal school routines.
- Policies are normal per District Policy and Student Handbooks.
- No statewide or local stay-home orders are in place.
- The statewide reopening criteria have been met as defined at https://rebound.idaho.gov/.
- Cleaning and Sanitation protocols are in place.
- Routine health screenings as recommended by SIPH will be conducted for students and staff.
- Communication Plan is in place.

Category 2: Blended Learning: *All staff and most students in the school buildings.*

- Minimal to moderate community transmission.
- Attendance Policy may be altered in accordance with ISBOE Education and the SDE.
- Schoolwide social distancing and mitigation strategies are in place. Schools have a **physical distancing plan** in place that has been **developed** with guidance from (SIPH) which allows for social distancing where/if possible. Options for physical distancing may require alternate schedules (In school one day, working on-line or on packets at home the next day, allowing for smaller class sizes) or the use of face coverings. The most current health guidance will dictate this plan.
- Parents are informed of inherent risk of attending school, participating in athletic and activities, and of riding buses.
- Cleaning and Sanitation protocols are in place.
- Routine health screenings as recommended by SIPH will be conducted for students and staff.
- Communication Plan is in place.

Category 3: Distance Learning: *All staff and no students in the school buildings.*

- Substantial community transmission.

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- Policy may be altered in accordance with ISBOE and SDE.
- All schooling via **Distance Learning Model**.
- Cleaning and Sanitation protocols are in place.
- Routine health screenings as recommended by SIPH will be conducted for students and staff.
- Communication plan in place.

As we continue to plan for the fall, we will keep parents informed as much as possible. A draft of this plan will be available at www.sodaschools.org. Comments and questions can be sent to #####. Please keep in mind that current plans are fluid and will be updated as additional recommendations are made. Additional CDC guidance and toolkits to assist schools in re-opening is expected this month.

For Exceptions to staff and students in the school buildings, See Blended Learning for Homebound Students, and Plan and Accommodations for Vulnerable Employees.

Commented [MS3]: This should address Maggie's Concern.

COORDINATION WITH STATE AND COUNTY AGENCIES

The two agencies primarily responsible for overseeing the opening of schools are the Idaho State Board of Education (**SBOE**) and Southeast Idaho Public Health (**SIPH**) district. This plan follows the recommendations of these agencies as well as those of the Caribou County Office of Emergency Management (**CCOEM**).

A. State Board of Education Criteria

On May 4, 2020, SBOE provided updated "minimum re-entry criteria for school districts and charter schools (local education agencies) to return to normal operations (in-person classroom instruction)."[1] In summary, SBOE's "reentry criteria" are as follows:

Commented [MS4]: Watching for more current updates. This update aligns with the Governor's Plans

1. No statewide stay-home orders are in place and schools have a physical distancing plan in place that has been approved by the local health district
2. The statewide reopening criteria have been met as defined at Idaho Rebounds
3. School districts and charter schools located in communities that have experienced no community spread may consider returning to in-person instruction within the physical distancing guidelines and approval by the local public health district.
4. SIPH must review and approve school protocols.
5. SD 150's Board of Trustees must review and approve protocols. Protocols for cleaning and disinfection, plan for vulnerable staff and students, plan for staff duties with close contact, absenteeism plan for staff and students, communication plan, and point of contacts.
6. School must have a plan in place for immediate closures should a student, faculty or staff member be diagnosed with COVID-19. (Appendix #)

B. Southeast Idaho District Health School Guidance

SD 150's school protocols align with and follow the school guidance document issued by SIPH on June 19, 2020. (Appendix 10) SD 150 will synchronize with SIPH guidance in the following manner:

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Categories	Community Transmission	SD 150 Learning
1	None/Evaluate	Normal Learning
2	Minimal to Moderate	Blended Learning
3	Substantial	Distance Learning

If, after reopening, SD 150 has a confirmed case of COVID-19, we will implement a short-term closure for 2-5 days (and move to **Category 3 Distance Learning** mode for this time period) per SIPH guidelines.

STAFF REENTRY PROTOCOLS (All Categories)

Employees are expected to report to work each day as delegated by contract or the building principal. Employees are to participate in the Employee Self-Health Survey every day and follow the guidance outlined. (Appendix #)

STUDENT REENTRY PROTOCOLS (All Categories)

SIPH has advised that it may be necessary to conduct regular student medical screenings

A. Initial Screenings (Questionnaire and Temperature) (August and subsequently at each re-opening)

Per the recommendations of SIPH, student reentry into the school building will be contingent on:

1. the successful completion of an at-home pre-screening medical questionnaire; and
2. the successful completion of an on-site medical screening the day prior to reopening.

The at-home questionnaire will be administered to families via Google Forms. The questionnaire will inform us if a student has shown symptoms associated with COVID-19 or has been exposed to COVID-19 and will be reviewed by SD 150 staff in close coordination with SIPH. Indications of symptoms or exposure to COVID-19 will require students to remain at home.

The on-site screening will take place on campus as students enter the building. Places will be marked to screen students in an orderly fashion. It will consist of an ~~oral~~ temperature check using no touch thermometers and Temperatures of 100.4° F or higher (per guidance from the Centers of Disease Control) will require students and their siblings to remain at home for 72-hours after fever resolves without fever-reducing medication and testing negative for COVID-19.

B. Recurring Screenings

In addition to the initial questionnaire and screening required when school begins, recurring questionnaires and screenings may be administered weekly (depending on guidance from SIPH). Parents will be asked to participate in the Student Self-Health Survey on a daily basis (Appendix

Commented [MS5]: See FMLA Covid-19 Protocol

Commented [MS6]: How do we do this?

Commented [MS7]: Is this the best option? Qualtrics a possibility? Jess is looking at Qualtrics

Commented [MS8]: Who will be assigned this task? Keep in mind busing students will be checked prior to boarding. Assign a person at each building

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#)

Recurring temperature screenings may take place at bus stops and at the carpool drop-off area. Staff will also check the temperatures of students at the carpool line. Students whose temperatures are above 100.4° F (and their siblings) will be sent home and not permitted to board the bus or remain in school. Parents must remain at bus stops on screening days until their students' screenings are complete.

Commented [MS9]: Not sure if this is necessary or possible. Especially with recommendation that no more adults than necessary are on the bus.

SOCIAL DISTANCING AND MITIGATION STRATEGIES

Category 2 (Other Categories as Noted)

It is our hope that we will be able to mitigate risk of COVID-19 exposure by providing extended cleaning and sanitation protocols. Staff and students will be trained in physical distancing including maintaining 6ft distance from others when possible.

The American Academy of Pediatrics (AAP) released guidance addressing the importance of attending school face-to-face in relationship to the potential risk (05-25-2020). In summary, physical/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 COVID-19, 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-feet spacing rule between students with the potential downside if remote learning is the only alternative. Strict adherence to a specific size of student groups (e.g., 10 per classroom, 15 per classroom, etc.) should be discouraged in favor of other risk mitigation strategies.

Commented [MS10]: SIPH said we could use the AAP guidelines. I have inserted their guidelines regarding Social Distancing. They allow for closer proximity with a mask.

Commented [MS11]: This statement aligns with the AAP's belief that kids are should be in school every day.

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

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(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.

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 (AAP 06-26-2020)

In addition to these protocols, students will be asked to maintain social distancing recommendations to the extent possible in a school setting. Visitors and volunteers will follow the guidelines of each building principal. The following modes are recommended.

Alternate Schedules

Alternate schedules may be employed if it becomes necessary to provide extensive social distancing. Each building will have an A/B schedule that will allow students to attend in person two days a week and through Distance Learning two days a week. As feasible, building Principals will work with parents to assign A/B schedules to accommodate families with students in multiple buildings.

Hallways, Parent Pick-up, and Other Gathering Locations

The school's culture and behavior expectations already require orderly and quiet transit between classes and activities. Students will be encouraged to maintain increased spacing in lines as they move through hallways. Class periods may be staggered to limit movement between classes.

Commented [MS12]: Principals: AAP Suggest lockers are eliminated or assigned by cohort. Your thoughts? Including issues with backpacks and space in classrooms.

Commented [RW13R12]: This may not be completely possible at Thirkill due to the space limitations.

Classroom/Lab Seating

Teachers will use a checker box pattern where possible to maximize the spacing between student desks and work stations as is feasible.

Lunchroom Seating

Regular hot lunch menu will be available. All lunchroom tables will be deployed throughout the entire lunch period. Students will wash hands before eating. Students will be seated to accommodate determined social distancing protocols. Other lunch strategies may be employed to best protect the students, Including staggered schedules, cohort seating, and alternative lunch locations. Lunchroom monitors will enforce spacing standards. In Level III Distance Learning, lunches will be available for pick up at Thirkill Elementary School or delivered when

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delivery is available through waivers from the USDA.

Assemblies

During **Category 2 Blended Learning** auditorium/cafeteria assemblies students will sit in every other seat and large groups will not be feasible. For story time, circle time, and small group activities, teachers will employ seating strategies to maximize social distancing. There will be no assemblies in **Category 3 Distance Learning**.

Testing

Testing will be conducted on campus unless **Category 3 Distance Learning** is in place. Testing centers will be set up to accommodate social distancing protocols and vulnerable students as necessary. Tests will be proctored.

Physical Education Classes

Person-to-person contact sports or activities will be avoided. All equipment will be sanitized with a solution of bleach prior to re-use.

Recess Procedures

To the extent possible, recess will be monitored and scheduled to accommodate social distancing. Cohorts of students will be encouraged. This may be accomplished by assigning areas of the playground, staggering recess by grade or classroom, and limiting numbers on playground equipment. Equipment will be sanitized often. More detail is available from building level plans.

Holding Room for Sick Students

Each building will designate an area of isolation to be utilized as a holding area for sick students that are waiting to be picked up **(All Categories**).

Transportation

Social distancing is particularly difficult when busing students. It is the parent's decision whether or not to transport their child using district transportation. To the extent possible, students will be asked to sit in assigned seats, one to a seat, or to share seats with household family members. When 6-foot distance cannot be maintained, face coverings should be worn. Drivers must wear face coverings. Windows will remain open as weather allows. If it becomes necessary, additional routes may be added. (AAP 06-25-2020)

Athletics and Extracurricular Activities

Building principals will work with the Idaho High School Athletic Association (IHSAA) to develop plans for activities and athletics for the 2020-21 fall season in compliance with SIPH.

Commented [MS14]: Each building principal will find a confidential space where the student/staff member can be held

Commented [MS15]: Maggie's concerns are addressed under Transportation Sanitation below

Commented [MM16]: Is it possible to have hand sanitizer on the bus, and have kids use some when they get on? And maybe face coverings for kids ages 7 and up?

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Additional Daily Protocols
SIPH-recommended face masks will be made available for medically vulnerable students and staff members.

DAILY SANITATION PROTOCOLS

Staff and students will be advised of handwashing, respiratory etiquette and mask use to mitigate exposure. Training will be provided for all staff and students. Each building will have a daily sanitation schedule.

Masks/Face Shields
Currently, masks are recommended but, for staff/students. The District will follow most current recommendations from health officials.

School Wide Disinfections

We utilize a combination of CDC-approved products including hospital grade disinfectant and a dilution of disinfecting bleach to clean desks, common tables, countertops, doorknobs and handles, hands-on learning items, bathroom fixtures, phones, and customer service areas every day. In addition, sanitizing electrostatically charged sprayers mist guns will be used nightly at each building and on buses.

Hand Sanitizer Stations

Teachers, staff, and students will keep their hands sanitized using the automatic dispensers of professional grade advanced hand sanitizer that are installed in every classroom and in hallways.

Hygienic Practices

Parents are required to keep sick students and their siblings home for at least 72 hours after a fever subsides *without the use of fever-reducing medicines*. We rely on parents to promote the same hygienic practices we will direct students to practice at school, including:

- covering coughs or sneezes with a bent arm or tissue and washing hands or using hand sanitizer afterwards;
- washing hands with soap and water for 20 seconds, dry hands with a paper towel, and using the paper towel to turn off the faucet;
- keeping hands away from nose, mouth, and eyes; and
- avoiding the sharing of food, drinks, and personal care items (e.g. lip balm).

Transportation

Students will be encouraged to practice recommended hygienic practices. In addition, hand sanitizer will be available to students. Masks are recommended for students as per SIPH and AAP. Buses will be sanitized nightly (and more often as deemed necessary) using sanitizing electrostatically charged sprayers. During the day, drivers will be equipped with sanitizing spray and paper towels and will wipe down touch areas as much as possible.

Commented [MS17]: The district will follow the guidance that is in place at the time.

With the new AAP recommendations and their approval by SIPH, we will need to develop a mask protocol including how to get them to students, what happens if they won't wear them, etc.

Commented [MS18]: Maggie Mann suggested the mask. How would we do this?

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CATEGORY 2 BLENDED LEARNING AND CATEGORY 3 DISTANCE LEARNING PLAN

Overview

We realize that moving to a distance learning model will have its challenges. Not all individuals work well without structure. We are hopeful that the use of technology, scheduled online meetings, daily schedules, and communication tactics will help provide needed structure. Daily "live" engagement time with students and high-quality recorded lessons will also help with this endeavor. However, we realize that all learning may not take place online and that learning will and can be supplemented with assigned reading time, special projects, and homework. The **Category 2 Blended Learning and Category 3 Distance Learning Plan** is divided into two sections. First, **All Building Operations** which addresses elements common to all three buildings, and second **Individual Building Plans** which address unique issues at each building level.

All BUILDING OPERATIONS

Communications

Staying in touch with families is a District effort. All communications should be professional, well-crafted and effective. Communications expectations are outlined below:

- Each school will issue updates to our parent community as necessary using PowerSchool Alerts and/or email.
- Faculty Meetings will be held as needed and as determined by the building principal.
- Teachers are expected once per week to:
  - ✓ Make contact through email, classroom interactions, or Remind with each student (more with struggling students.)
  - ✓ Issue weekly electronic updates to parents and students through student and parent portals or email as necessary.
  - ✓ Special Needs Personnel are expected to contact each household with a student with special needs at least once per week.
- Students will have access to REMIND text alerts where age appropriate. REMIND is an effective tool for students to receive help from teachers during school hours.

Parent Training Opportunities

Commented [MS19]: Principals. Other?

- Each building level principal will provide training for parents as is appropriate:
  - ✓ **Help/How to Videos available on website or through Canvas or Google Classroom**
  - ✓ **Support requests through individual teachers. Teachers may refer to Instructional Tech Coach or arrange one-to-one support.**

Teacher Office Hours

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- Communication by email is the most effective for teachers as they are busy in class throughout the day. Please feel free to email teachers anytime. They will respond to you as soon as possible and within 24 hours.
- Parents wishing to contact teachers by phone may do so by appointment or during office hours which are 7:30 a.m. to 8:00 a.m. and from 4:00 p.m. to 4:30 p.m.
- Face-to-Face meetings may be limited. Remote meetings are available by appointment.

School Will Remain Open to Essential Personnel Only

During **Category 3 Distance Learning**, as an essential business (service provider) the school will remain open for the purposes of facilitating distance learning operations. Only essential personnel will be allowed on campus.

Staff

During Category 2 Blended Learning and Category 3 Distance Learning, all Teachers, Full-Time Paraprofessionals, and Custodians will report to the building as usual. Part-time paraprofessionals will be employed at the discretion of the building principal.

- All employees must practice disciplined social distancing by maintaining a six-foot separation distance.
- Staff should work in their rooms to the extent possible. When the need arises to work in common areas, teaches should work in these areas one at a time.
- Staff are encouraged to wear masks while working in buildings and practice hand sanitizing protocols.
- Staff who are ill should remain at home. Principals should be notified and will provide a paraprofessional to cover the class or make other arrangements. Negotiated Leave Day protocols are in place.

STUDENT SERVICES

IDEA and ADA and Counseling Services

FAPE requires the same level of service for students with IEP's or 504's as we offer originally. This includes direct and indirect support, evaluations, and meetings. Accommodations or modifications built in to IEP's or 504's must continue. Counseling services will also continue as appropriate. Tele-counseling will be conducted accordance with current waivers and District Policy. (See June 22, 2020 Governor Executive Order regarding telehealth.

Transportation

During **Category 2 Blended Learning**, buses will run as scheduled. Additional routes may be added to accommodate social distancing. During **Category 3 Distance Learning**, busing may be used in different areas. The purpose of daily busing is to distribute meals to families that qualify

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for FRL (and other families if desired and available) and maybe used to distribute academic materials if necessary. Bus routes and purpose will be determined.

Food Service

During Category 2 Blended Learning, Food Service will run as usual employing social distancing standards. **During Category 3 Distance Learning**, Soda Springs School District will prioritize its food service efforts for families that qualify and receive FRL services. SD150 is committed to providing daily lunch meals to FRL families. SD150 will seek to supply lunch meals to additional families if desired and to the extent that these additional efforts can be supported by the food and product supply chain.

Professional Standards

As we shift to **Category 2 Blended Learning and Category 3 Distance Learning**, we expect all employees to maintain the same professional standards.

- Both live and recorded video sessions should be professional in attire (as expected in the school building) as well in setting, decorum, and tone.
- Social media guidelines remain in effect, which means employees must not engage with parent's or students via social media platforms. School email accounts, PowerSchool Alerts, and Remind are appropriate means of communication.

Information Technology Platforms

SD 150 will use the following main information technology platforms for **Category 2 Blended Learning and Category 3 Distance Learning** instruction. Much instruction during **Category 1 Normal Learning** will use the technology platforms as well. Especially for **Homebound Students.** Faculty members who wish to take advantage of additional platforms should gain approval from the building principal.

TIGERT MIDDLE SCHOOL AND SODA SPRINGS HIGH SCHOOL

ZOOM/Snagit

Zoom will serve as the platform for one-on-one or one-on-few student engagements (e.g. student services' needs). All lectures/lessons will be recorded using Snagit and posted on Canvas so that students that are unable to attend either the classroom portion of the lesson or the Zoom meeting will still be able to watch each lesson in its entirety.

CANVAS

Canvas will serve as the Learning Management System

REMIND

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Will be used for parent/student communication. This serves as a platform for students to ask questions of teachers.

SUPPLEMENTAL CURRICULUM

To the extent possible, supplemental curriculum will be embedded in Canvas. Other curriculum may be used as the discretion of the building principal.

SSHS	TMS
MATH: Aleks, Desmos **ELA**: Fast Forword, Vocabulary.Com **SCIENCE** Discovery Education, CODE.ORG **SOCIAL STUDIES**: iCivics	**MATH**: Aleks, Desmos, Middle School Math. **ELA:** Fast Forword; Renaissance Star Reading **SCIENCE:** Mystery Science; CK-12 Science **ALL:** Kahn Academy and Actively Learn

SUPPLEMENTAL, ENGAGEMENT, CURRICULUM, OTHER

To the extent possible, supplemental curriculum will be embedded in Canvas. Other applications may be used at the discretion of the building principal.

SSHS	TMS
Educreations, Kahoot, YouTube, Adobe Spark, Snagit, Polyup, Edpuzzle, smartmusic, Flip Grid, Mimic Per. Finance, Evefi, Turnitin, Microsoft Sways	Kahoot, Educreations, Flip Grid, National Geographic, Quizlet, YouTube, Socrative, Smithsonian, C-12 Science

THIRKILL ELEMENTARY

GOOGLE CLASSROOM

Google Classroom will serve as the main platform for homeroom teachers. This our replacement for the actual classroom in the school building. Additional Google Classrooms may be established at the direction of the Principal (e.g. according to student service's needs, etc.).

GOOGLE MEET/Snagit

Google Meet will serve as the platform for "live" engagement sessions. All lectures/lessons will be recorded using Snagit and posted on Google Classroom so that students that are unable to attend either the classroom portion of the lesson.

SUPPLEMENTAL, ENGAGEMENT, CURRICULUM, OTHER

To the extent possible, supplemental curriculum will be embedded in Google Classroom. Other curriculum may be used as the discretion of the building principal.

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Supplemental Curriculum	Engagement
MATH: Istation, STAR Math READING: Istation, Myon-Accelerated Reading, STAR Reading, Spelling City SCIENCE: Epic, IXL, Mystery Science, CODE.ORG Other: Typing	ABC Yah! Kahoot, Educreations, Seesaw,

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Individual Building Plans: Category 2 Blended Learning and Category 3 Distance Learning

THIRKILL ELEMENTARY SCHOOL

General Guidance:

The Thirkill Elementary re-entry plan has been developed on the Three Educational Pillars of: Uniformity, Collaboration, and Flexibility. The Thirkill re-entry plan has been developed with faculty, staff, and parent input. This re-entry plan has been created for a Normal Learning school schedule (Monday-Thursday), an A/B schedule (Monday & Wednesday and Tuesday & Thursday), and for Blended Learning accommodations. Finally, a Distance Learning plan is being developed using uniformed technology and online applications specifically for the Thirkill Elementary students.

The safety of the students and staff is the priority. The building re-entry plan has been developed using the tenets of: Daily student temperature screening, a strict daily sanitation/hygiene schedule for students and staff, and by using physically/socially distanced classroom cohorts.

The academic objective is no matter the category of learning (Normal, Blended, or Distance), the educational process will remain as seamless as possible for the grade level, the classroom, and for the individual student. To accomplish this, it will take teachers, staff, students, and parents working together with a heightened level of flexibility and teamwork.

Initial and Reoccurring Screening (Normal Learning and Blended Learning)

A uniformed student temperature screening will take place each morning between 7:30 a.m. to 8:00 a.m. The students' temperature will be taken as they enter the building (Bus Doors and Main Doors) to prepare for school each day. If a student's temperature is 100.4^{o} F or above, the students will be placed in a quarantine area of the school to wait for a parent to arrive. Exceptions may be considered, and accommodations will be made on a case-by-case situation by office personnel.

Commented [MS20]: May not need two doors if we do it on buses.

Commented [RW21R20]: True...and it would free up another paraprofessional for the front door. Possibly less crowding too.

Staff will receive training on the screening protocol as per temperature screening.

Daily Thirkill Elementary Sanitation and Hygiene Protocols (Normal Learning and Blended Learning)

Students, faculty, and staff will receive training on proper handwashing and hand sanitizer usage techniques. This training will be delivered to the students by each classroom teacher and emphasized by the supporting staff throughout the school day and the school year. Students will be encouraged to use the sinks inside the classroom during the day, after recess, and before lunch time.

Students, faculty, and staff will receive training on the ***Three W's of Hygiene Practice: Wash Your Hands, Where Do We Sneeze and Cough, and What Distance Should We Keep.*** This training will

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be delivered to the students by each classroom teacher and emphasized by the supporting staff throughout the school day and school year.

Classroom sanitation protocols (Focus List) will be developed by the building head custodian (with teacher input) and will be instituted in each classroom. An emphasis will be placed on "high touch" areas. Teachers and staff will sanitize personal work areas throughout the regular school day. Regularly scheduled custodial services will clean and sanitize each classroom after the school day. All schedules are subject to change.

A school-wide sanitation schedule will be followed outside the classroom for "high touch" areas and after "high traffic times". A primary focus will be in the restrooms, hallways, drinking fountains, and door handles. Outside recess equipment will be sanitized daily by the trained custodial staff when weather and air temperature permit. Sanitation assignments and times are subject to change.

Social Distancing and Mitigation Strategies (Normal Learning and Blended Learning)

Social distancing is crucial during the school Day. A uniformed building schedule (Normal Learning and Hybrid Learning) has been created to mitigate the gathering of large numbers inside and outside the classroom when possible.

Hallways, Parent Pick-Up, Other Gather Locations: To visually remind the students to socially distance, traffic cones may be placed in the middle of the hallways to remind students to walk one-way (right side) as they walk down the hallway. Additionally, traffic cones may be placed approximately 6 Feet apart during lunch time lineup, bus loading/parent pick up, and for socially distancing at the completion of lunch and afternoon recess.

Classrooms/Lab Seating: Teachers will arrange their classroom in a checker box pattern. Also, teachers will be asked to distance the student desks as far apart as possible while still maintaining the educational integrity for appropriate learning.

A uniformed daily building schedule has been created so students will attend their regular classroom and learn in classroom cohorts. These cohorts will remain together during the regular school day which includes recess, lunch, bus line up, and specials activities (music, computers, physical education, and library time). Exceptions may be considered, and accommodations will be made on case-by-case situation by faculty, staff, and office personnel.

Lunch Time Seating/Social Distancing: Each grade level will have its own designated lunch time. The students will sit with their classmates. The objective is to keep between 5-8 students per table to preserve as much social distancing as possible. Each student will be asked to wash their hands prior to entering the lunchroom. A hand-sanitizer station will be available to the students prior to entering the lunchroom.

Assemblies: To advocate social distancing, assemblies (Leader in Me, Welcome Back to School, Guest Speakers, etc.) will take place by grade level or in classroom cohorts.

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Recess: To the extent possible, social distancing during recess will be monitored by Thirkill Elementary staff. The playgrounds (front and back & east and west) may be divided as per classroom cohorts and each classroom may rotate daily to different playground locations. As a visual reminder for students, traffic cones may be positioned to indicate the playground boundaries and social distancing for students. To accommodate educational requirements, recess times have been modified. For Recess line up, traffic cones may be spaced approximately 6 feet apart allowing students a visual reference. Individual classroom recess equipment will be sanitized as necessary by teachers.

Physical Education Classes: Person-to-person contact sports or activities will be avoided. Lesson unit/lesson plans will be modified to encourage social distancing. All equipment will be sanitized prior to re-use. Students will attend physical education as classroom cohorts.

Holding Area for Sick Students: If a student becomes ill, the student's parent or guardian will be contacted immediately. The student, accompanied by school staff, will be placed in the south-east corner of the lunchroom near the exit door. The parent and student will leave the building out the south-east lunchroom door. If this area is not available, a safe alternative location will be determined by office personnel. Accommodations will be made on a case-by-case situation by faculty, staff, and office personnel.

General Overview – Academics, Technology, & Contacting Teachers (Normal, Blended, and Distance)

To reiterate, the academic objective is no matter the category of learning (Normal, Blended, or Distance), the educational process will remain as seamless as possible for the grade level, the classroom, and for the individual student. To accomplish this, it will take teachers, staff, students, and parents working together with a heightened level of flexibility and teamwork.

The Thirkill Elementary faculty has been tasked with becoming more uniformed in each grade level using the Idaho State Core Standards, grade level Learning Targets, and I Can Statements. Additionally, each grade level teacher has been charged to be as uniformed as possible with their curriculum lesson/unit planning and curriculum pacing. Teachers have been working throughout the summer months and are preparing for the upcoming school year.

An extra emphasis of uniformity has been placed on the use of technology (iPads and Chromebooks) in and out of the classroom. The faculty, staff, and students will be using *Google Classroom* for their primary Learning Management System (LMS). The teachers will use *Google Meet* for the school-wide online learning and conferencing tool. The teachers may upload on to the *Google Classroom* learning management system daily assignments, schedules, resources, links, activities, presentations and/or recorded lessons. This will vary as per grade level and individual lesson plans.

Students may have the option of taking a loaner computer device (Chromebook or iPad) home during a planned regular school day, modified A/B Schedule, or for distance learning. This will be

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determined on the student(s) need, recommendation from the classroom teacher, and notifying the school principal.

As in the past, the teachers will maintain a high level of collaboration with all parents concerning their student's success. This collaboration will be through a variety of methods including emails, phone calls, text-wire, person-to-person or via *Google Meet*.

For further collaboration, Thirkill Elementary will host a *Parent Academy* to help with technology needs or questions related to using *Google Classroom*, computer applications, and the general use of school issued Chromebooks or iPads. If a person-to-person Parent Academy is not possible in the future, the individual teachers will contact the parents to assist them with any questions or concerns.

A Special Note: Parents should only contact teachers during the established office hours of: 7:30 a.m. to 8:00 a.m. and after school from 4:00 p.m. to 4:30 p.m. An email to the teacher is always welcome, but please allow the teacher 24 hours to respond. Parents are always welcome to contact the Thirkill Elementary office with any questions or concerns.

TIGERT MIDDLE SCHOOL

General Guidance:

Access to every class will be available through Canvas, our Learning Management Software. Devices and Canvas will be part of the everyday delivery of education regardless of whether school is physically in session for normal learning, blended learning model is activated, or we are in a distance learning situation. The integration of this into our daily lesson delivery and learning process allows students to receive instruction, turn in assignments, and receive feedback from teachers regardless of location. This will allow us the flexibility to respond to the health crisis as needed without having to drastically disrupt the delivery method of each class.

Training on the use of this technology/software and the time to create digital lessons is being provided to staff throughout the summer and immediately prior to the start of school this fall. Material is being created to help parents and students learn to use the technology and software. It will be made available immediately prior to the start of school this fall.

If we are in a blended learning situation, physical distancing requirements will be in effect; an alternating A/B Schedule will be implemented to avoid complete school closure. The alternating schedule will require half of the student population to attend school face-to-face and half of the student population to attend distance learning. Each student would get two days at school and two days at home each week. We would work with the other schools in the district to keep family members attending the other buildings on the same rotation. The students would be required to participate in every class every day through Canvas regardless of whether they were distance learning or face-to-face. The benefits to this alternating schedule are to provide students time with the teachers every other day to allow for further explanation, enrichment, assessments, etc.

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It provides the human interaction that was missing last spring.

Teacher Role: The teacher is responsible to learn how to use Canvas and deliver digital lessons (including video capture), feedback, activities, and assessments online every day. The teacher is responsible to communicate using Zoom weekly. The teacher is responsible for being available by email, school phone, Remind, and parent portals during office hours and respond within 24 hours or sooner. The teacher is responsible for tracking standards taught in Mastery Connect. The teacher is responsible for tracking grades in PowerSchool.

Daily Schedule: The Master Schedule will be followed. On Monday and Wednesday, only students in the A Group will attend on campus while the students in the B Group will attend distance learning. On Tuesday and Thursday, only students in the B Group will attend on campus while the students in the A Group will attend distance learning. Office hours are before and after school. Core Classes are scheduled throughout the day. Each student will need to follow individual schedule. Students must attend classes during the regular scheduled time every day either face-to-face or distance learning. Students and parents will have access to distance learning materials through Canvas for all classes. Teachers will host PLC meeting from 7:00-7:30 every other week. Faculty Meetings are scheduled for Thursday's at 4:00 weekly.

Assignments and Homework: All lesson assignments will be tied to a learning standard. Skill practice by the student paired with constructive feedback from the teacher is how learning happens. The amount of practice needed to master the learning standard is different for every student. If evidence of learning is available, an assessment will be given. At TMS, the teachers try to meet the student' needs skill by skill. Intervention with the teacher is a daily opportunity and should be utilized by all students.

Grading and Assessment: The teacher is required to receive evidence of a student's learning (homework and assignments) before assessing a student on standard(s) taught. Reteaching and student do-overs are encouraged when needed. Retakes are allowed at the teacher's discretion. Mastery Connect will be used by all teachers to track standards taught and the student's proficiency on the standards will be available through the parent portal. Assessment grades will be tracked in PowerSchool. Parent portal access will also be provided to PowerSchool for grades, attendance, and alerts as we have done prior to Corona Virus.

Testing/Assessment: All testing will take place at Tigert Middle School unless all students need to be homebound. If we have "normal" school, and students choose to be homebound due to health concerns, these students will still need to take tests and have them proctored at TMS. If necessary, we can have as few as one student in a room with a proctor and both student and proctor wearing masks to ensure the health of all involved and while still preserving the integrity of the assessment results. If we are in a blended learning situation including the use of an A/B schedule, students will still take tests and have them proctored at TMS. Teachers would need to ensure that these tests were assigned on the day the child was scheduled to be at the school.

Other: During the A/B schedule, lunch time will remain as scheduled. Tables will be spread

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further apart and half as many chairs will be placed around each table. Playground equipment will be sanitized daily. Hand washing will be part of the end of recess routine.

Each family will need an electronic device at home with internet connectivity. If one is not available at home, please contact the office to discuss your need and apply for a device **loan**. A hotspot is available from the parking lot of the District Office for your convenience.

SODA SPRINGS HIGH SCHOOL

General Guidance:

Our blended learning plan and our homebound plan will essentially be the same regardless of which Category of instruction is employed. Students will be able to participate in each lesson/lecture "live" whether that is present in the classroom or via Zoom. Students that are unable to attend this "live" presentation will also be able to watch the recorded video of the lesson from their Canvas site. Teachers will use Snagit to record each of these lesson/lectures for these students and for students that want to go back and revisit pieces of the lesson that may need additional help in understanding.

All teachers will have office hours where they are available to help students that are physically at school or are homebound.

Commented [MS22]: Refer to Common Plan?

Each family will need an electronic device at home with internet connectivity. If one is not available at home, please contact the office to discuss your need and apply for a device **loan**. A hotspot is available from the parking lot of the District Office for your convenience.

A/B scheduling: In the event that social distancing does not allow us to have classrooms at full capacity, we will use A/B scheduling to reduce the number of students in each classroom. We will make every possible effort to help families have their children attend school on the same days and be home on the same days. During this A/B scheduling, we will also work very hard to make it possible for students to come to school on their "off" day and attend their regular classes if the classroom size permits this. This means that some classes may be able to meet every day due to small class sizes. If a child's class size is too large we will also try to use the cafeteria and other areas to make it possible for students to attend school on their "off" day if these parents/students feel that this is in the best interest of the child's academic and social/emotional success.

Testing/Assessment: All testing will take place at Soda Springs High School unless we have moved to the Distance Learning Model. If we have "normal" school, and students choose to be homebound due to health concerns, these students will still need to take tests and have them proctored at SSHS. If necessary, we can have as few as one student in a room with a proctor and both student and proctor wearing masks to ensure the health of all involved and while still preserving the integrity of the assessment results. If we are in a blended learning situation

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including the use of an A/B schedule, students will still take tests and have them proctored at SSHS. Teachers would need to ensure that these tests were assigned on the day the child was scheduled to be at the school.

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BLENDED LEARNING FOR HOMEBOUND STUDENTS

We respect the right of families to keep students at home in the interest of their health and safety during this pandemic. We also expect to require some students to stay at home, if only for a short period of time, as a precautionary measure—for example, if their questionnaires indicate exposure to COVID-19 or if their screenings indicate a temperature of 100.4° F or higher. We anticipate that students who need to stay home from school due to vulnerable health concerns, will not be able to participate in athletics or other afterschool programs.

In addition to the SD 150 Building Handbooks, the following attendance categories are in effect:

- Absent (due to COVID-19 illness): no attendance penalty or academic restrictions
- Absent (due to parent COVID-19 health concerns): no attendance penalty or academic restrictions if they participate in Blended Learning.

We will offer the following flexibilities to accommodate students who are homebound:

- Students will participate in "live" lessons (via ZOOM or Google Meet) where feasible. If students are unable to attend the live session, students will be able to view the recorded lessons. While these sessions will not cover all the in-class material, they will provide homebound students with the help to stay up on their core academic skills. All students will be expected to complete and submit classwork distance to them by their teachers.
- Attendance policies will take into account the special circumstances of the COVID-19 pandemic. Homebound students will not be penalized for their absences.
- Homeroom teachers will be in close contact with homebound students and will make weekly phone calls to parents (at a minimum).
- Lunches (if qualified) and school materials may be made available to homebound students. Details will be coordinated with each student's family.
- Testing will be proctored. Building principals will work with homebound students to arrange testing opportunities. Accommodations will be made as necessary.

Parents pursuing a blended learning accommodation are requested to submit a Request for Blended Learning Accommodation form (please refer to Appendix #).

PLAN AND ACCOMMODATIONS FOR VULNERABLE EMPLOYEES

Soda Springs School District will evaluate operations and ways to mitigate the risk of spreading COVID-19, including considerations for employees who may identify themselves as being at greater risk of COVID-19 infection, in accordance with applicable employment laws. People who are at a greater risk include those who are more likely to experience severe illness from COVID-19 and those whose conditions or circumstances might put them at higher risk of exposure or difficulty receiving care. See https://www.cdc.gov/coronavirus/2019-ncov/need-extra-

precautions/people-at-higher-risk.html for a current list.

Staff who are at a greater risk are encouraged to self-identify to their building principal. Principals will meet with District personnel to determine appropriate accommodations following the Governor's recommendations https://rebound.idaho.gov/wp-content/uploads/guidance-employers-of-at-risk-employees.pdf and guidance from the Centers for Disease Control and Prevention (CDC) https://www.cdc.gov/coronavirus/2019-ncov/community/organizations/businesses-employers.html and Occupational Safety and Health Administration (OSHA) https://www.osha.gov/SLTC/covid-19/ for reducing workplace exposure for all employees, and for guidance for specific industries.

The District will consider the Family Medical Leave Act (FMLA), the Families First Coronavirus Response Act (FFCRA), https://www.dol.gov/agencies/whd/pandemic/ffcra-employee-paid-leave the Americans with Disabilities Act (ADA), as well as other state and federal guidance when addressing employee accommodations. All considerations will be determined on a case by case basis taking into consideration the individuals need and their current position. Staff can apply for accommodations by submitting Appendix # to their building principal. *Considerations May include:*

Working at home when possible. If unable to work from home. Employers may consider:

- Offering the employees duties that minimize contact with others
- Offering the employees shifts that minimize contact
- Providing medical masks (such as an N95 mask) instead of cloth face coverings for at-risk employees who must interact in- person with the public.
- Minimizing travel of the employees to areas with higher community spread than in the community where the employee lives or normally works.
- Placing the employees in offices with doors that can close rather than in common office space.

SD 150 will not penalize at-risk employees who raise workplace concerns, but work with the employee to create a plan for addressing specific concerns. Due to the complexities of employment laws related to making these accommodations, SD 150 will work with human resources and/or legal counsel.

PROCEDURE FOR POSITIVE OR SUSPECTED COVID-19 CASE

The following procedure is to be used if a student or employee in the school building is identified as COVID-19 positive or suspected positive. HIPAA will be followed.

Action Item: *Student or employee is respectfully asked to isolate in the holding room.*

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- For students, front office will call parents or legal guardians for pickup.
- For employees, front office will coordinate with school leadership to manage follow-up effects.
- Student or employee will be provided appropriate personal protection equipment and any employee interacting with the confirmed or suspected case will be provided with a mask and gloves.
- All other Students and staff will shelter in place while student or staff is leaving the building. The affected area will be closed off. Students will be released in an orderly manner as determined by each building plan that ensures extra precautions due to the possibility of spread accruing in the facility. Students currently in close proximity of the student or staff member will be released last.

Commented [MS23]: Input from ERIC HOBSON: suspected or confirmed case in the school maybe adding the procedure to limit movement of students and staff or how the students will be released from school with extra precautions due to the possibility of spread accruing in the facility.

Action Item: *Front office traces list of potential exposures (employees and students).*

- Front office will coordinate (as appropriate) with parents/legal guardians of student or directly with the employee to build a list of potential exposures.

Action Item: *School leadership decides on the length of the short-term closure.*

- School leadership will provide SIPH with appropriate details and exposure information.
- School leadership will coordinate closure decision with SIPH and CCOEM.
- School leadership will coordinate closure decision with the SD 150 Board of
- Trustees.
- Points of Contact:
  - SIPH: Mrs. Maggie Mann
  - CCOEM: Mr. Eric Hobson
  - Superintendent, Dr. Molly Stein
  - SD 150 Board: Mrs. Irene Torgesen, Chair

Action Item: *School leadership communicates appropriate details to school community*.

- School leadership will update the school community (parents/guardians) via Alert mass communications system (email/text/voice) with appropriate incident details.

Action Item: *SD 150 transitions to **Category 3Distance Learning Mode** for the closure period.*

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Appendix 1: Parent Decision Matrix

Parent Decision Matrix

My student has a fever or is vomiting.	My student has COVID-19 symptoms or came in contact with a confirmed COVID-19 case.	I have a unique family circumstance.
Student and siblings must stay home.	Student and siblings (if applicable) must stay home.	Choose to keep your student(s) home?
Inform building office of student illness.	Inform building office of situation.	Inform building office of situation.
Coordinate with teacher to obtain and complete assigned schoolwork.	Obtain medical diagnosis or recommendation.	Submit Blended Learning request.
	Submit Blended Learning request.	
After 72 hours without fever or vomiting and without and reducing medication.	After obtaining clearance to return to school and in consultation with building front office.	When ready and in consultation with building front office.

Commented [MM24]: These are also symptoms of COVID-19; do you want sibs to stay home for this, too? I realize vomiting and fever may be caused by lots of different bugs!

Commented [MS25]: Added siblings as per Maggie's suggestion

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Appendix 2: SD 150 Daily Self-Health Assessment for Students (06-01-2020)

Soda Springs School District 150
Student Self-Health Assessment

By allowing my child to come to school today, I certify that the answer to each of these questions is NO.

1. Have you, someone living in your household, someone you are closely associated with, or someone you are caring for been diagnosed with COVID-19 (Coronavirus) or had contact with a confirmed case of COVID-19? **Yes or No**
2. Have you, someone living in your household, someone you are closely associated with, or someone you are caring for been tested for COVID-19 in the last 14 days? **Yes or No** If so, please wait until the results are known before returning to work.
3. Do you currently have, or have you had within the last 24 hours, any cold or flu symptoms (including a cough, fever, or shortness of breath) without the use of symptom reducing medicines? **Yes or No**

If you answer YES to any of these questions, you must stay home and your attendance clerk or secretary. Follow the Parent Decision Metrix to determine when to return to school.

The health and safety of every student and employee is our top priority.

Please do not put other students or staff in jeopardy by coming to work with cold or flu symptoms. Be considerate of others and stay home if you are ill.

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Appendix 3: Request for Blended Learning Accommodation

Commented [MS26]: Recreated in Google Forms or other form for our Webpage. Jess is exploring Qualtrics with the ability to push the link through Alerts.

Soda Springs School District 150
COVID-19 Contingency Plan

Request for Blended Learning Accommodation

Student Name: _____

Grade: _____

Date Requested: _____

Reason for Request:

- ☐ **Immune compromised student or family member in the home**
- ☐ **Student has COVID-19 symptoms**
- ☐ **Student had contact with confirmed COVID-19 case**
- ☐ **Other unique circumstance (please explain):**

Parent Signature: _____

Parent Name: _____

Phone Number: _____ **Email:** _____

Other Students in household:

Student Name: _____ **Grade:** _____

Student Name: _____ **Grade:** _____

Student Name: _____ **Grade:** _____

For Office Use Only

SD 150 Administration Approval: _____**Notes:** _____

Attendance will be determined by daily participation and completion of assigned work. Grades will be assigned as per district policy.

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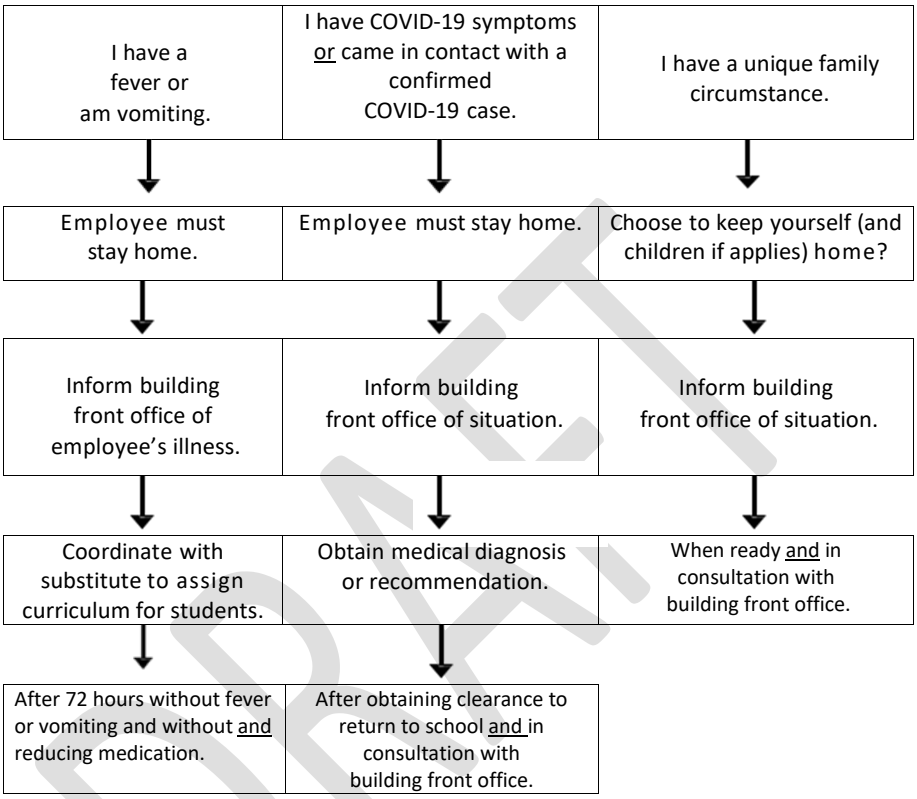
Appendix 4: Employee Decision Matrix

Employee Decision Matrix



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Appendix 5: SD 150 Daily Self-Health Assessment for Employees (06-01-2020)

Soda Springs School District 150
Employee Self-Health Assessment

By coming to work today, I certify that the answer to each of these questions is NO.

4. Have you, someone living in your household, someone you are closely associated with, or someone you are caring for been diagnosed with COVID-19 (Coronavirus) or had contact with a confirmed case of COVID-19? **Yes or No**
5. Have you, someone living in your household, someone you are closely associated with, or someone you are caring for been tested for COVID-19 in the last 14 days? **Yes or No** If so, please wait until the results are known before returning to work.
6. Do you currently have, or have you had within the last 24 hours, any cold or flu symptoms (including a cough, fever, or shortness of breath) without the use of symptom reducing medicines? **Yes or No**

If you answer YES to any of these questions, please return to your vehicle

and call your principal. Do not come in to work until you have been granted permission to do so.

The health and safety of every student and employee is our top priority.

Please do not put your coworkers' health at risk by coming to work with cold or flu symptoms. Be considerate of others and stay home if you are ill.

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Appendix 6: Request for Employee Accommodations

Commented [MS27]: This is from Policy 401. Probably a good place to start the documentation process.

REQUEST FOR REASONABLE ACCOMMODATION FORM POLICY NO: 401F1

SODA SPRINGS JT SCHOOL DISTRICT 150
EMPLOYEE/APPLICANT REQUEST FOR REASONABLE ACCOMMODATION

This form is intended to assist the District in assessing your request for a reasonable accommodation. This information will be part of an interactive process with you as we explore your request. This form and any additional medical information provided related to this request will be kept separate from your personnel file. Your responses may generate the need for additional medical information.

Please complete the form and return to: The District Office at 250 East 2nd South

Check One: Applicant_____ Employee_____

Name_____ Supervisor/Principal Name_____

Position Title_____ School/Office_____

A. Identify your impairment(s) and indicate how you believe each impairment affects your job application process or your ability to perform your job duties (please be as specific as possible):

_____

_____

_____

B. State the accommodation(s) you believe are necessary to enable you to participate in the job application process or to perform the essential functions of your job, and explain how the suggested accommodation(s) will assist you (please be as specific as possible):

_____

_____

_____

Employee Signature_____ Date_____

For District Use Only

- ☐ Eligible for accommodation(s) listed above
- ☐ Ineligible for accommodation(s) due to insufficient documentation; list:_____
- ☐ Ineligible for accommodation(s) for other reasons; list/attach:_____

Duration of accommodation(s):_____ to _____

Signature of HR/Section 504/ADA Coordinator:_____ Date:_____

Superintendent Initials:_____ Date:_____

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Appendix 7: State Board of Education Criteria (5/4/20)**<Insert new guidance>**

Idaho State Board of Education

School District and Charter School Re-entry Criteria (Return from Soft-Closure)

(amended May 4, 2020)

Pursuant Article IX, Section 2, of the Idaho constitution the general supervision of the state educational institutions and public school system of the state of Idaho, shall be vested in a State Board of Education. Further, Section 33-116, Idaho Code, provides that "All school districts in Idaho, including specially chartered school districts, shall be under the supervision and control of the state Board." This document is the Idaho State Board of Education minimum re-entry criteria for school districts and charter schools (local education agencies) to return to normal operations (in-person classroom instruction). In order to move from soft closure operations to normal operations for staff and students, school districts and charter schools shall consider relevant local factors to their situation in addition to meeting the minimum re-entry criteria established by the Idaho State Board of Education. This minimum re-entry criteria document was developed in consultation with state and local public health officials. Physical distancing criteria are based on the Centers for Disease Control and Prevention (CDC) and state health authority guidelines.

Idaho State Board of Education Minimum Re-entry Criteria:

1. No statewide stay-home orders are in place and schools have a physical distancing plan in place that has been approved by the local health district (the term "restrictions" references mandatory requirements while "guidance" is suggested behaviors).

    a. Exceptions to the soft closure may continue to be considered by local education agencies for staff and student needs, on a case by case basis, as determined at the local level (e.g. small groups of students that can be distanced in a way that meets the physical distancing criteria for the purpose of proctoring exams or working one-on-one with special education students, as long as the school district or charter school has sufficient capacity to maintain hygiene and sanitation). These exceptions may continue at the local school board's discretion even if the local school board does not choose to return to in-person instruction for all students prior to the start of their 2020-2021 academic school year.

2. The statewide reopening criteria have been met as defined at rebound.idaho.gov. School districts and charter schools located in communities that have experienced no community spread may consider returning to in-person instruction within the physical distancing guidelines and approval by the local public health district.

3. Approval by the local public health district, after review of school district and charter school cleaning, disinfection, and physical distancing protocols. The processes for determining local health district approval will be identified at the local level through coordination between the LEA and the local health district.

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4. Re-entry plan approved by the local board of trustees identifying minimum school protocols (see list below).

   Required Minimum School Protocols
   a. Cleaning and disinfection protocols.
   b. Identify and plan for vulnerable staff and students with a special emphasis on people over age 60 and those who are medically vulnerable.
   c. Identify and plan for staff duties which require close contact.
   d. Absenteeism plan for staff and students whose parents do not feel comfortable returning their student to school and for students who show symptoms of the coronavirus.
   e. Communications plan for informing parents and staff of the school district and charter school response plans, protocols, and policies to manage the impact of the coronavirus.
   f. Verify point of contact for each school district and charter school for effective communication and collaboration with the local public health officials.
   g. Reopening plans are reviewed in consultation with local public health officials.

5. Any school planning to reopen must have a plan in place for immediate closures should a student, faculty or staff member be diagnosed with COVID-19. This closure plan must be approved by the local public health district.

These re-entry criteria are subject to change in order to adapt to changing circumstances. Additional criteria will be developed for a fall start of the school year, based on conditions at the time. These criteria apply to any instruction prior to the start of the 2020-2021 school year.

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Appendix 8: Southeast District Health Guidance (6/19/20)

COVID-19 Guidance for Schools

This guidance uses the most up-to-date information available from the CDC and emerging best practices, thus subject to change.

Schools, working together with local public health districts, have an important role in slowing the spread of diseases to help ensure students have safe and healthy learning environments. Schools serve students, staff, and visitors from throughout the community. All of these people may have close contact in the school setting, often sharing spaces, equipment, and supplies.

Schools are encouraged to review the checklist in Appendix A to ensure that they have everything in place to prevent COVID-19 infections, to respond to cases when they occur among students and/or staff, and to be prepared for short-term and long-term school closures. Public health districts are available to review plans and provide assistance.

Guidance for schools includes the following:

- Confirmed Case in School, Regardless of Community Transmission
- Category 1: No community transmission (preparedness phase)
- Category 2: When there is minimal to moderate community transmission
- Category 3: When there is substantial community transmission
- Communication and Guidance for School Staff and Parents
- Appendix A COVID-19 Preparedness Checklist

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Confirmed Case in School, Regardless of Community Transmission

Any school in any community may need to implement short-term closure procedures regardless of community spread if an infected person has been in a school building.

Coordinate with your local public health district.

- Contact your local public health district and we will work with you to determine a course of action
- Begin identifying anyone who may have been in close contact with a confirmed or suspected COVID-19 case. Close contact is less than 6 feet for more than 15 minutes. While face coverings are believe to reduce the risk, they are not considered as protective for the purpose of identifying close contacts.
- Collaborate with your local public health agency to determine the process for notifying close contacts and instructions for staying home and self-monitoring for symptoms, and follow CDC guidance if symptoms develop.

o Example: local public health may reach out to close contacts via phone for an official notification, and the school will disseminate a letter to the school community informing them of the situation.

Follow local public health guidance for course of action. Recommendations will be given on a case-by-case basis, and could include the following:

- Exposure to others in the school was minimal, no close contacts were identified, and positive case should self-isolate and return once criteria to discontinue home isolation and quarantine have been met.
- Exposure to others in the school was moderate, a handful of close contacts were identified, and positive case and close contacts should stay home for isolation.
- Exposure to others was severe, multiple close contacts were identified and risk of exposure to larger school community warrants a dismissal of in-person learning.

A short-term dismissal of students and most staff for 1-2 days may be recommended.

- Initial short-term dismissal allows time for the local health officials to gain a better understanding of the COVID-19 situation impacting the school. This allows the local health officials to help the school determine appropriate next steps, including whether an extended dismissal duration is needed to stop or slow further spread of COVID-19.
- Local health officials' recommendations for the scope (e.g., a single school, multiple schools, the full district) and duration of school dismissals will be made on a case-by-case basis using the most up-to-date information about COVID-19.
- During school dismissals, also cancel extracurricular group activities, school-based afterschool programs, and large events (e.g., assemblies, field trips, and sporting events).
- Encourage and practice physical distancing.

Extended school dismissal may be recommended.

- Depending on the level of risk and subsequent cases as a result of exposure at school, a longer school dismissal may be warranted.

Adapted from the Centers for Disease Control

- Work with local health officials on whether staying open for staff while students stay home is advised, or re-instate telecommuting or other alternative work opportunities.
- Administrators are not expected to make extended school dismissal decisions or determine when students and staff should return to schools on their own and should work in close collaboration and coordination with local health officials.
- Students and staff who are well but are taking care of or share a home with someone with a case of COVID-19 should follow instructions from local health officials to determine when to return to school.

Communicate with staff, parents, and students regarding dismissal decisions and possible COVID-19 exposure.

- Include messages to counter potential stigma and discrimination
- Coordinate responses with local public health
- Maintain confidentiality in accordance with the Americans with Disabilities Act (ADA) and Health Insurance Portability and Accountability Act (HIPAA)
- Outline intended response efforts

Clean and disinfect thoroughly.

- Close off areas used by the individual with COVID-19 and wait as long as possible, up to 24 hours, before beginning cleaning and disinfecting. Open doors and windows if possible.
- Clean all other areas, especially highly touched surfaces, such as doorknobs, lights, desks, phones, keyboards, faucets, sinks. Resource: Cleaning and Disinfecting Your Facility

Reinstate strategies to continue education and related supports to students as needed.

Category 1 No Community Spread

Evidence of isolated cases or limited community transmission, case investigations underway, no evidence of exposure in large communal setting, e.g., healthcare facility, school, mass gathering.

Review, update, and implement emergency operations plan and reinforce healthy hygiene practices.

- Include strategies (Non-pharmaceutical interventions, or NPI) to reduce the spread of a wide variety of infectious diseases, physical distancing and school dismissals that can be used to stop the spread.
- Emphasize everyday preventive actions for students and staff
  - CDC Staying Home When Sick Flyer / What To Do If You're Sick
    - Spanish Version
  - CDC Avoid Spreading Germs At Work Flyer / Stop the Spread of Germs
    - Spanish Version / Spanish Version
  - CDC Handwashing Posters for Children and Teens
  - CDC Cover Your Cough Flyer
    - Spanish Version

Intensify cleaning and disinfection efforts.

- Enhance cleaning of high touch surfaces like doorknobs, toilet handles, light switches, classroom and bathroom sink handles, countertops.
- Ensure that hand sanitizer, soap/paper towels, and tissues are widely available in school facilities.

Monitor and plan for absenteeism.

- Day-to-day reporting (absenteeism) of students and staff, and review for patterns for large increases.
- Encourage students and staff to stay home when sick or when they have symptoms, even without documentation from doctors. Use flexibility, when possible, to allow staff to stay home to care for sick family members, especially for those with common cold and flu symptoms, which are similar to COVID-19.
- Cross-train staff and create a roster of trained back-up staff.

Assess group gatherings and events.

- Review any planned events (e.g. assemblies, field days, athletic events) and determine if physical distancing strategies can be put place. If not, consider cancelling, rescheduling or modifying. Give special consideration to events that might put students, staff, or their families in close proximity to others from communities that may have identified cases of COVID-19.

Create and test communication plans for use within the school community.

- Create strategies for communicating with staff, students, and their families, including sharing steps being taken to prepare, how information will be shared in the future.
- Designate a staff person to be responsible for responding to COVID-19 concerns, and ensure all staff and families know who this person is, and how and when to contact them.
- Put system in place for having staff and families self-report to the school if they or their student have symptoms of COVID-19, a positive test, or were exposed to someone with COVID-19 within the last 14 days.
  - Maintain privacy and confidentiality.

Require students and staff to stay home if they are sick or have symptoms. Establish procedures for students and staff who become sick or develop symptoms at school.

- Sick or symptomatic staff and students should be sent home or to a healthcare facility depending on how severe their symptoms are as soon as possible, and keep them separate and isolated from well students and staff until they can leave. Following CDC guidance for caring for oneself and others who are sick.
- Schools are not expected to screen students or staff to identify cases of COVID-19. If a school has cases of COVID-19, local health officials will help identify those individuals and will follow up on next steps.
  Resource: Flyer - Steps to help prevent the spread of COVID-19 if you are sick / Spanish Version

Begin implementing mitigation strategies and plan for when community spread occurs (non-pharmaceutical interventions or NPIs).

- Personal NPIs (e.g. stay home when sick, cover coughs, wash hands, etc.)
- Community NPIs (e.g. social and physical distancing)
- Environmental NPIs (e.g. routine cleaning practices)

Review and update leave (time off) policies and excused absence policies.

- 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.
  - 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.
- Develop policies for return-to-school after COVID-19 illness using CDC's criteria to discontinue home isolation and quarantine

Provide Staff Training.

- Train staff on all safety protocols.
- Conduct training virtually or ensure physical distancing is maintained during training.

Ensure Consistent Non-School Events Facility Use.

- Encourage organizations that share or use school facilities to follow your plans.
- Share your re-opening and operational plans with other organizations that utilize your school space.

Support Coping and Resilience.

- 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.
- Promote employees and students eating healthy, exercising, getting sleep, and finding time to unwind.
- Encourage employees and students to talk with people they trust about their concerns and how they are feeling.
- Consider posting signage for the Idaho COVID-19 hotline (Spanish Version), the national distress hotline: 1-800-985-5990, and/or text "TalkWithUs" for English or "Hablanos" for Spanish to 66746
  - Disaster Helpline Wallet Card

Category 2 Minimal to Moderate Community Transmission

Widespread and/or sustained transmission with high likelihood or confirmed exposure within communal settings, with potential for rapid increase in suspected cases.

If local health officials report there are multiple cases of COVID-19 in the community, schools may need to implement additional strategies in response to prevent spread in the school, but they should continue using the strategies they implemented when there was no community transmission. These additional strategies include:

Coordinate with local health officials.

- This should be a first step in making decisions about responses to the presence of COVID-19 in the community. Health officials can help a school determine which set of strategies might be most appropriate for their specific community's situation.

Implement multiple physical distancing strategies. Select strategies based on feasibility given the unique space and needs of the school:

- Pursue virtual group events, gatherings, or meetings in lieu of field trips, assemblies, special performances, spirit nights, as possible; and promote 6 feet between people if events are held, and limit group size to support appropriate physical distancing.
- **Cancel or modify classes where students are likely to be in very close contact.** In physical education or other close contact classes, consider having teachers come to classrooms to prevent classes mixing with others in the gymnasium or music room.
- **Increase the space between desks.** Rearrange student desks to maximize the space between students. Turn desks to face in the same direction (rather than facing each other) to reduce transmission caused from virus-containing droplets (e.g., from talking, coughing, sneezing).
- **Avoid mixing students in common areas.**
  - Allow students to eat lunch and breakfast in their classrooms or stagger lunch.
  - Stagger recess times and/or separate recess areas by class.
  - Send a few students into the library to pick out books rather than going as a class.
  - Restrict hallway use through homeroom stays or staggered release of classes.
  - Try to avoid taking multiple classes to bathrooms at once (e.g., avoid having all classes use the bathroom right after lunch or recess).
  - Ensure student and staff groups (cohorting) are static as much as possible (all day for young children, as much as possible for older children).
- **Stagger arrival and/or dismissal times.** These approaches can limit the amount of close contact between students in high-traffic situations and times.
- **Reduce congestion in the health office.** Use the health office for children with flu-like symptoms and a satellite location for first aid or medication distribution.
- **Limit nonessential visitors.** Limit the presence of volunteers for classroom activities, mystery readers, cafeteria support, and other activities.
- **Limit cross-school transfer for special programs.** If students are brought from multiple schools for special programs (e.g., music, robotics, academic clubs), consider using distance learning to deliver the instruction or temporarily offering duplicate programs in the participating schools.

Adapted from the Centers for Disease Control

- **Teach staff, students, and their families to maintain distance from each other in the school.** Educate staff, students, and their families at the same time and explain why this is important.
- **Consider alternative class size and structure.**
  - Create hybrid classrooms where students can attend virtually and in-person, reducing social contacts.
  - Hold physical education and music classes outside and encourage students to spread out.
  - Turn desks to face same direction and space at least 6 feet apart.
  - Stagger days or instructional blocks of time (morning/afternoon).
- **Teach and reinforce the wearing of cloth face coverings when practical while at school.**
  - Staff and students (and visitors and volunteers, if permitted) should be encouraged to wear cloth face coverings.
  - Personal cloth face coverings can be worn, or school can provide for those who do not have one but wish to wear one.
  - When physical distancing cannot take place, further reinforce the use of cloth face coverings.
- **Conduct daily health screenings of employees and students for COVID-19 symptoms upon entry to the facility, including a check for low-grade fever with no-touch thermometer and/or daily symptom checking.**
- **Pursue options to convene sporting events and participation in sports activities in ways that minimize the risk of COVID-19 transmission to players, families, coaches, and communities.**
  - Discourage activities that promote heaving breathing (e.g. singing, cheering, shouting) and create alternative ways to show support (e.g. clapping or waving).
  - Limit spectators to allow for appropriate physical distancing and encourage cloth face coverings in group settings; consider streaming sporting events live.

Maintain healthy environments.

- **Intensify cleaning and sanitizing of drinking fountains.** Encourage staff and students to bring their own water to minimize use and touching of water fountains, and take steps to ensure water systems and features are safe after prolonged facility shutdown.
- **Clean and disinfect school buses or other transport vehicles.** See guidance for bus transit operators, and create distance between children when possible.
- **Assess shared objects and space for personal belongings.**
  - Discourage sharing of items that are difficult to clean.
  - Keep child's belongings separated from others in individually labeled containers, cubbies, or areas.
  - Minimize sharing high touch materials where possible (e.g. individual art supplies) or limit use of supplies/equipment by one group of children at a time and clean and disinfect between use.
  - Avoid sharing personal items (toys, books, electronic devices).
- **Install physical barriers and guides.**
  - Place sneeze guards or partitions in areas where it's difficult to maintain 6 feet (e.g. reception desks, between bathroom sinks).
  - Provide physical guides, such as tape on floors or sidewalks and signs on walls to remind students to remain 6 feet apart. Particularly with line formation, consider one-way routes in hallways.

- **Modify communal areas.**
  - 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 uses.
- **Adapt food service.**
  - Have children bring their own meals as feasible, or serve individually plated meals in classrooms; eliminate buffet or family style meals.
  - Use disposable food service items (e.g. utensils, dishes). When not feasible or desirable, handle with gloves and wash with dish soap and hot water or dishwasher. Individuals should wash their hands after removing gloves or handling food service items.
  - If food is offered at an event, have pre-packaged boxes or bags for attendees.

Consider ways to accommodate the needs of children and families at higher risk for serious illness from COVID-19.

- Honor requests of parents who may have concerns about their children attending school due to underlying medical conditions of those in their home.
- Staff who cannot be at school due to their own high-risk conditions can provide distance learning instruction to those students who are also unable to attend.
- People 65 years of age and older.
- The CDC lists underlying medical conditions that may increase the risk of serious COVID-19 for people of any age:
  - **Blood disorders** (e.g. sickle cell disease or on blood thinners).
  - **Severe obesity** (i.e. body mass index [BMI] of 40 or higher)
  - **Chronic kidney disease as defined by your doctor**. Patient has been told to avoid or reduce the dose of medications because kidney disease, or is under treatment for kidney disease, including receiving dialysis.
  - **Chronic liver disease** as defined by your doctor (e.g., cirrhosis, chronic hepatitis). Patient has been told to avoid or reduce the dose of medications because liver disease or is under treatment for liver disease.
  - **Compromised immune system** (immunosuppression) (e.g., seeing a doctor for cancer and treatment such as chemotherapy or radiation, received an organ or bone marrow transplant, taking high doses of corticosteroids or other immunosuppressant medications, HIV or AIDS).
  - **Endocrine disorders** (e.g., diabetes mellitus).
  - **Metabolic disorders** (such as inherited metabolic disorders and mitochondrial disorders).
  - **Heart disease** (such as congenital heart disease, congestive heart failure and coronary artery disease).
  - **Lung disease** including asthma or chronic obstructive pulmonary disease (chronic bronchitis or emphysema) or other chronic conditions associated with impaired lung function or that require home oxygen.
  - **Neurological and neurologic and neurodevelopment conditions** [including disorders of the brain, spinal cord, peripheral nerve, and muscle such as cerebral palsy, epilepsy (seizure disorders), stroke, intellectual disability, moderate to severe developmental delay, muscular dystrophy, or spinal cord injury].

Adapted from the Centers for Disease Control

Category 3 Substantial Community Transmission

Large-scale community transmission, healthcare staffing significantly impacted, multiple cases within communal settings like healthcare facilities, schools, mass gatherings, etc.

Additional strategies should be considered when there is substantial transmission in the local community in addition to those implemented when there is no, minimal, or moderate transmission. These strategies include:

Continue to coordinate with local health officials.

- If local health officials have determined there is substantial transmission of COVID-19 within the community, they will provide guidance to administrators on the best course of action for schools. These strategies are expected to extend across multiple programs, schools, or school districts within the community, as they are not necessarily tied to cases within schools.

Consider extended school dismissals.

- In collaboration with local health officials, implement extended school dismissals (e.g., dismissals for longer than two weeks). This longer-term, and likely broader-reaching, dismissal strategy is intended to slow transmission rates of COVID-19 in the community.
- During extended school dismissals, also cancel extracurricular group activities, school-based afterschool programs, and large events (e.g., assemblies, spirit nights, field trips, and sporting events).
- Remember to implement strategies to ensure the continuity of education (e.g., distance learning) as well as meal programs and other essential services for students.

Communication and Guidance for Parents and Staff

What increases the chance of school closures?

- Experiencing a positive case or cluster of cases where:
  - Physical distancing strategies are not in place
  - Students and staff do not consistently wear cloth face coverings
- Not cleaning and disinfecting appropriately
- Not washing and/or sanitizing hands frequently
- Not limiting the mixing of students
- Holding mass gatherings, especially with attendees outside of your local community
- Sick staff and/or students on campus when symptomatic
- Rapid rise in positive cases in the local community that meet or exceed hospital capacity to manage

My child attends a school where a COVID-19 case has been confirmed. What should I do?

- **Guidance from local public health districts may be given on a case-by-case basis.** Transmission takes place with close contact (shared a classroom, was seated next to the person for at least 15 minutes), and there is a chance your student was not exposed (in another wing of the school). Some examples of guidance may include:
  - Monitor for signs and symptoms – Symptom Self Checker / Spanish Version or the COVID-19 Screen Tool.
- If a student or staff is medium or high-risk reference:
  - Who should self-quarantine after potential COVID-19 exposure.
  - Encourage good hygiene – stop handshaking, clean hands at the door and at regular intervals, avoid touching your face and cover coughs and sneezes.
  - Stay home if you are sick, have symptoms, or have a sick or symptomatic family member in your home.
  - If recommended by the CDC, wear a face covering, but keep in mind this may cause an increase in touching the eyes, nose, and mouth.
- The CDC does not recommend testing for people who do not have symptoms.

What is considered a "close contact"?

- The CDC defines it as *a person that has been within 6 feet of the infected person for a prolonged period of time (about 15 minutes). Wearing a face covering while within 6 feet does not eliminate consideration as a close contact.*

When can a student or staff member discontinue home isolation?

- Persons who have tested positive for COVID-19 or who have not been tested but had COVID-19 symptoms and were directed to care for themselves at home may discontinue home isolation under the following conditions:
  - At least 3 days (72 hours) have passed *since recovery* - defined as resolution of fever without the use of fever-reducing medications **and**
  - improvement in respiratory symptoms (e.g., cough, shortness of breath); **and,**

Adapted from the Centers for Disease Control

- At least 10 days have passed *since symptoms first appeared*.
- Some individuals may not experience COVID-19 symptoms but test positive. Their discontinuation of home isolation guidance can be found here, which is typically 10 days since being tested but may be dependent on healthcare provider's advice and availability of testing.

What should I include in my message to our school community of a confirmed case that has been in our school?*

*Public Health Districts will work in partnership with the school to identify, notify, and monitor close contacts of confirmed COVID-19 cases in school settings in accordance with CDC guidance.

- Possible dates of exposure.
- Remind employees that there is current community spread of COVID-19. Advise them to watch forsigns and symptoms which develop within 2 – 14 days of exposure.
- Remind employees how to best protect themselves from COVID-19 and the importance of staying homeif they are sick or have symptoms.
- Let your employees know what your establishment is doing as a result of exposure (e.g. closing, cleaning)
- Remind your employees of the establishment's illness policy.
- Where to find reputable sources and information for COVID-19.
  - Centers for Disease Control and Prevention
  - Panhandle Health District; Public Health – Idaho North Central District; Central District Health; Southwest District Health; South Central Public Health; Southeastern Idaho Public Health; East Idaho Public Health
  - governor's Coronavirus Website

School Preparedness Checklist for COVID-19

This guidance uses up-to-date information from the CDC and emerging best practices, thus subject to change.

Local public health districts support schools in resuming normal operations based on their community needs and COVID-19 community spread. Schools should continue using the strategies they implemented if their level of community transmission increases (e.g. If moving to Category 2, include Category 1 & 2 strategies).

Category 1: No Community Transmission

- ⎦ Review, update, and implement emergency operations plans
- ⎦ Reinforce healthy hygiene practices
- ⎦ Intensified cleaning disinfection protocols and practices are in place
- ⎦ Monitor and plan for absenteeism (and plan for students/parents who do not feel comfortable returning to school)
- ⎦ Review group gatherings and events, and determine if social distancing strategies can be put in place
- ⎦ Communications plan for informing parents and staff of the school district and charter school response plans, protocols, and policies to manage the impact of the coronavirus
- ⎦ Revised student/staff illness policies – require them to stay home when ill, procedure for when they become sick at school, and parent/guardian responsibility for immediate pick-up from school when notified
- ⎦ Verify point of contact for each school district and charter school for effective communication and collaboration with local public health officials
- ⎦ Begin implementing mitigation strategies and plan for when community spread occurs
- ⎦ Prepare for your first confirmed COVID-19 case in school, including coordinating with local public health, communication to your school community, possible short-term closures for students and staffs (1-2 days) and cancellation of all group events and activities, and possible extended dismissals

Category 2: Minimal to Moderate Community Transmission

- ⎦ Coordinate with local health officials
- ⎦ Identify social distancing strategies based on feasibility of space and needs of the school, including staff duties which require close contact and mitigation strategies to use
- ⎦ Teach and encourage students, staff, and visitors to wear cloth face coverings when practical, and provide for those who do not have one but wish to wear one
- ⎦ Communicate with local public health districts to determine if screening employees and students daily for COVID-19 symptoms upon entry to the facility, including check for low-grade fever with no-touch thermometer
- ⎦ Identify and plan for vulnerable staff and students with a special emphasis on people over age 60 and those who are medically vulnerable

Category 3: Substantial Community Transmission

- ⎦ Continue coordination with local health officials
- ⎦ Consider extended school dismissals and reinstate continuity of teaching an

Appendix # American Association of Pediatrics Recommendations

COVID-19 Planning Considerations: Guidance for School Re-entry

June 25, 2020

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 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 adolescent 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-feet 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 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.
- Driver should be a minimum of 6 feet from students; driver must wear face covering; consider physical barrier for driver (eg, plexiglass).
- Minimize 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 cohorted, 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 (EPA 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 a 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 illness 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 (e.g., 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 supports 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 recommend 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.

Additional Information:

- 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 COVID Response

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

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.