

THE LIGHT OF CHRIST GUIDES US -OUR JOURNEY BACK-

St. Justin Martyr School Guidelines for Re-Opening 2020-21

We walk in faith, together.

Relying on the guidance and expertise of:

- The Center for Disease Control and Prevention
- The California State and Orange County Departments of Education
- Orange County Health Agency
- Guidance of the governor, state, and local governments

All schools will:

- Develop a daily temperature check system for all persons coming onto campus
- Increase healthy hygiene practices such as hand washing, deeper cleaning, disinfection, and ventilation
- Require faculty/staff/parents/school visitors to wear face coverings on campus.
- Develop physical distancing protocols in all areas and for all gatherings where possible/feasible.
- Establish a plan to close school, if necessary, and quickly implement a Distance Learning program should a student, teacher, staff member, visitor, or member of the household test positive for COVID-19 in consultation with local public health officials.

OUR JOURNEY BACK

- Parents had the opportunity to offer specific feedback and input.
- The majority of parents highly preferred returning to traditional school with enhanced cleaning, increased spacing and regular hand washing.

GUIDELINES FOR RE-OPENING

ALL SCHOOLS MUST IMPLEMENT THE FOLLOWING:

General

- Seek approval from Pastor or Department of Catholic Schools for Reopening Plan

- Communicate Reopening Plan and health/safety protocols with all stakeholders including a dedicated place on website

Health and Safety

- Create a local COVID-19 Health & Safety committee which will meet during Summer 2020 and throughout the school year.
- Require faculty/staff/parents/school visitors wear face coverings on campus.
- Develop a daily temperature check system for all persons coming onto campus.
- Develop a plan to minimize access to campus, and limit nonessential visitors, facility use permits, and volunteers.
- Create a comprehensive plan to address personal hygiene practices to ensure personal health and safety in school facilities (frequent hand-washing, availability of hygiene supplies such as soap, hand sanitizer, tissues, disinfectant wipes etc.).
- Create a plan to meet cleanliness and disinfecting standards in school facilities.
- Hand sanitizer should be readily available throughout the building and in each classroom. Classrooms, restrooms and touched surfaces as well as shared objects should be cleaned thoroughly each day and frequently throughout the day with EPA approved disinfectants.
- Develop physical distancing protocols in all areas and for all gatherings where possible/feasible.
- Students should be encouraged to use cloth face coverings. Cloth face coverings are most essential in settings where physical distancing cannot easily be maintained, such as school buses or other settings where space may be insufficient.

Instructional

- Decide on one of three suggested Instructional Models (see appendix) which can include a full-day traditional model if all requirements are met.
- Develop and implement a Social-Emotional Wellness program (see appendix) for students and faculty/staff.
- Establish a plan to close school, if necessary, and quickly implement a Distance Learning program should a student, teacher staff member, visitor, or member of the household tests positive for COVID-19 in consultation with local public health officials.

ADDITIONAL HEALTH AND SAFETY:

-To the extent possible, ensure physical distancing on school campuses and adapt traditional activities to minimize mixing and movement of students, faculty, staff.
- Minimize contact at school between students, staff, families and the community at the beginning and end of the school day.

- **IDENTIFICATION AND TRACING OF CONTACTS-** If a student or staff member is confirmed to have COVID-19, the school will immediately notify local health officials. These officials will help administrators determine a course of action. The school will likely dismiss the exposed students and staff for 2-5 days. This initial short-term dismissal allows time for the local health officials to gain a better understanding of the COVID-19 situation impacting the school and for custodial staff to clean and disinfect the affected facilities. The school will work with the local health officials to determine appropriate next steps, including whether an extended dismissal duration is needed to stop or slow further the spread of COVID-19.

- An infected employee should consult with their health care provider immediately and follow the directives provided to them by their health care provider. The infected employee should follow CDC recommended steps, and not return to work until the criteria to discontinue home isolation are met, in consultation with healthcare providers and state and local health departments. Currently, the CDC's criteria for discontinuing home isolation require that the employee experience all of the following: (1) 3 days with no fever, (2) respiratory systems have improved (e.g. cough, shortness of breath), and (3) 10 days have passed since his/her symptoms first appeared.

- The school will review symptoms with employees and parents of students. Employees who have symptoms (i.e., fever, cough, or shortness of breath) should notify their supervisor and be sent home as soon as possible. Students who have symptoms should be kept home. Anyone who experiences these symptoms at school will be separated from well students and staff until the sick person can be sent home.

- Employees and students with an underlying medical condition, and who are concerned, should consult their health care provider.

- **Testing of Students and Staff-** To ensure the safety of students and staff, surveillance testing be implemented. The school will test staff periodically, as testing capacity permits and as practicable. When a student or staff exhibits COVID-19 symptoms, the student or staff member will be sent home and testing will be recommended. School employees and students who need testing should either go to their health care provider or a state-operated or other community testing site. The Department of Managed Health Care has filed an emergency regulation to require health plans to pay for COVID-19 testing for all essential workers, including school measures that describe how to stop the spread of germs.staff. In addition, tests are available at community testing sites throughout the state.

- Consider posting signs in highly visible locations (i.e., at entrances and in restrooms) that promote proper hand washing and other protective

- Playgrounds and gyms should only be used by one group at a time and cleaned after each use. Limit free play to ensure safe distancing.
- Student sick absences should not require a doctor's note to return as medical facilities are under increased strain. Consider a communication system for staff and or student parents/guardians to self-report to the school if they have tested positive or were exposed to someone with COVID-19 within the last 14 days.
- Ensure that ventilation systems are operating properly and that there is increased circulation of outdoor air as much as possible. If practical based on weather, consider keeping windows open for increased ventilation. While fresh air is encouraged for ventilation, it should not interfere with maintaining adequate security for the building.
- Consider eliminating the use of drinking fountains and encouraging staff and students to bring their own water to minimize use and touching of water fountains.
- In a circumstance where sufficient physical distancing is difficult or impossible, all individuals, including staff and students, should wear face coverings that cover the mouth and nose consistent with public health guidance. To be clear, face coverings are not a replacement for physical distancing, but they should be used to mitigate virus spread when physical distancing is not feasible.

- Shared spaces such as communal spaces and break rooms should be closed or consider staggering the use of these spaces.
- Consider portable handwashing stations throughout a site and near classrooms
- Establish curbside drop-off and pick-up to limit direct contact between parents and staff members and adhere to physical distancing recommendations.

- If children are met outside, an assigned staff member from the child's static group should escort the child into the facility when they arrive.

- Consider staggering arrival and drop -off times to manage the flow of students into and out of the facility.
- Designate a staff person(s) for various shifts throughout the day to be responsible for COVID-19 concerns (i.e., school nurse/secretary). All school staff and families should know who this person is and how to contact them.
- Cafeteria may not be able to accommodate physical distancing recommendations.
- Consider having students bring their own meals or serving individually plated meals in classrooms instead of the Cafeteria.
- How to maintain physical distancing on school buses needs to be considered. Ensure that transportation staff are following safety and hygiene protocols according to the CDC's guidance for bus operators.
- Advise parents of sick students that students are not to return until they have met CDC criteria to discontinue home isolation.

What to Do If You Are Sick

If you have a fever, cough or other symptoms, you might have COVID-19. Most people have mild illness and are able to recover at home. If you think you may have been exposed to COVID-19, contact your healthcare provider.

- Keep track of your symptoms.
- If you have an emergency warning sign (including trouble breathing), get emergency medical care immediately.

Steps to help prevent the spread of COVID-19 if you are sick

If you are sick with COVID-19 or suspect you are, follow the steps below to care for yourself and to help protect other people in your home and community.

Stay home except to get medical care

- Stay home. Most people with COVID-19 have mild illness and can recover at home without medical care. Do not leave your home, except to get medical care. Do not visit public areas.
- Take care of yourself. Get rest and stay hydrated. Take over-the-counter medicines, such as acetaminophen, to help you feel better.
- Stay in touch with your doctor. Call before you get medical care. Be sure to get care if you have trouble breathing, or have any other emergency warning signs or if you think it is an emergency.
- Avoid public transportation, ride-sharing, or taxis.

Separate yourself from other people as much as possible, stay in a specific room and away from other people and pets in your home. If possible, you should use a separate bathroom. If you need to be around other people or animals in or outside of the home, wear a mask.

- Additional guidance is available for those living in close quarters and shared housing.
- See <https://www.cdc.gov/coronavirus/2019-ncov/faq.html#COVID-19-and-Animals> if you have questions about pets.

Monitor your symptoms

- Symptoms of COVID-19 include fever, cough, or other symptoms.
- Follow care instructions from your healthcare provider and local health department. Your local health authorities may give instructions on checking your symptoms and reporting information.

When to seek emergency medical attention

Look for emergency warning signs* for COVID-19. If someone is showing any of these signs, seek emergency medical care immediately:

- Trouble breathing
- Persistent pain or pressure in the chest
- New confusion
- Inability to wake or stay awake
- Bluish lips or face

*This list is not all possible symptoms. Please call your medical provider for any other symptoms that are severe or concerning to you.

Call 911 or call ahead to your local emergency facility: Notify the operator that you are seeking care for someone who has or may have COVID-19.

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Call ahead before visiting your doctor

- Call ahead. Many medical visits for routine care are being postponed or done by phone or telemedicine.
- If you have a medical appointment that cannot be postponed, call your doctor's office, and tell them you have or may have COVID-19. This will help the office protect themselves and other patients.

If you are sick wear a mask over your nose and mouth

- You should wear a mask over your nose and mouth if you must be around other people or animals, including pets (even at home).
- You don't need to wear the mask if you are alone. If you can't put on a mask (because of trouble breathing, for example), cover your coughs and sneezes in some other way. Try to stay at least 6 feet away from other people. This will help protect the people around you.
- Masks should not be placed on young children under age 2 years, anyone who has trouble breathing, or anyone who is not able to remove the mask without help.

Note: During the COVID-19 pandemic, medical grade face masks are reserved for healthcare workers and some first responders. You may need to make a mask using a scarf or bandana.

Cover your coughs and sneezes

- Cover your mouth and nose with a tissue when you cough or sneeze.
- Throw away used tissues in a lined trash can.
- Immediately wash your hands with soap and water for at least 20 seconds. If soap and water are not available, clean your hands with an alcohol-based hand sanitizer that contains at least 60% alcohol.

Clean your hands often

- Wash your hands often with soap and water for at least 20 seconds. This is especially important after blowing your nose, coughing, or sneezing; going to the bathroom; and before eating or preparing food.

- Use hand sanitizer if soap and water are not available. Use an alcohol-based hand sanitizer with at least 60% alcohol, covering all surfaces of your hands and rubbing them together until they feel dry.
- Soap and water are the best option, especially if hands are visibly dirty.
- Avoid touching your eyes, nose, and mouth with unwashed hands.
- See [Handwashing - Clean Hands Save Lives](#) for hand washing tips.

Avoid sharing personal household items

- Do not share dishes, drinking glasses, cups, eating utensils, towels, or bedding with other people in your home.
- Wash these items thoroughly after using them with soap and water or put in the dishwasher.

Clean all “high-touch” surfaces everyday

- Clean and disinfect high-touch surfaces in your “sick room” and bathroom; wear disposable gloves. Let someone else clean and disinfect surfaces in common areas, but you should clean your bedroom and bathroom, if possible.
- If a caregiver or other person needs to clean and disinfect a sick person’s bedroom or bathroom, they should do so on an as-needed basis. The caregiver/other person should wear a mask and disposable gloves prior to cleaning. They should wait as long as possible after the person who is sick has used the bathroom before coming in to clean and use the bathroom.

High-touch surfaces include phones, remote controls, counters, tabletops, doorknobs, bathroom fixtures, toilets, keyboards, tablets, and bedside tables.

- Clean and disinfect areas that may have blood, stool, or body fluids on them.
- Use household cleaners and disinfectants. Clean the area or item with soap and water or another detergent if it is dirty. Then, use a household disinfectant.
 - Be sure to follow the instructions on the label to ensure safe and effective use of the product. Many products recommend keeping the surface wet for several minutes to ensure germs are killed. Many also recommend precautions such as wearing gloves and making sure you have good ventilation during use of the product.
 - Most EPA-registered household disinfectants should be effective. A full list of disinfectants can be found here <https://www.epa.gov/pesticide-registration/list-n-disinfectants-use-against-sars-cov-2>
 - For Complete Disinfection Guidelines see here. [Cleaning and Disinfection for Households](#)

When you can be around others after being sick with COVID-19

Deciding when you can be around others is different for different situations. Find out when you can safely end home isolation here [.When You Can be Around Others After You Had or Likely Had COVID-19](#)

For any additional questions about your care, contact your healthcare provider or state or local health department.

10 things you can do to manage your COVID-19 symptoms at home

If you have possible or confirmed COVID-19:

- 1. Stay home** from work and school. And stay away from other public places. If you must go out, avoid using any kind of public transportation, ride-sharing, or taxis.
- 2. Monitor your symptoms** carefully. If your symptoms get worse, call your healthcare provider immediately.
- 3. Get rest and stay hydrated.**
- 4. If you have a medical appointment, call the healthcare provider** ahead of time and tell them that you have or may have COVID-19.
- 5. For medical emergencies, call 911 and notify the dispatch personnel** that you have or may have COVID-19.
- 6. Cover your cough and sneezes.**
- 7. Wash your hands often** with soap and water for at least 20 seconds or clean your hands with an alcohol-based hand sanitizer that contains at least 60% alcohol.
- 8. As much as possible, stay in a specific room and away from other people** in your home. Also, you should use a separate bathroom, if available. If you need to be around other people in or outside of the home, wear a facemask.
- 9. Avoid sharing personal items** with other people in your household, like dishes, towels, and bedding.
- 10. Clean all surfaces** that are touched often, like counters, tables, and door knobs. Use household cleaning sprays or wipes according to the label instructions.

 [cdc.gov/coronavirus](https://www.cdc.gov/coronavirus)

- If an employee has tested positive for COVID-19, you should notify staff of their possible exposure but maintain confidentiality whenever possible about the employee as required by the Americans with Disabilities Act. Please refer to the Appendix for instructions from the Diocese of Orange Department of Human Resources.

ADDITIONAL INSTRUCTIONAL

- Endeavor to work with families who wish to have their child/ren remain at home rather than return to school or assist families to identify alternative temporary programs which could transfer back to the original school.
- Develop contingency plans for teachers or students who may need to remain at home due to illness for an extended period of time.
- Consideration should be given to how students and staff that are considered “high risk” and more vulnerable to the virus can continue participating in virtual classes, activities and events.
- Student sick absences should not require a doctor’s note to return as medical facilities are under increased strain. Consider a communication system for staff and or student

parents / guardians to self-report to the school if they have tested positive or were exposed to someone with COVID-19 within the last 14 days. Please refer to the Appendix for instructions from the Diocese of Orange Department of Human Resources.

RESOURCES:

The following documents were used in developing the OC Catholic Schools Reopening Guidelines and provide detailed information, checklists, guidance etc.:

CDC Considerations for Schools:

<https://www.cdc.gov/coronavirus/2019-ncov/community/schools-childcare/schools.html>

CDC FAQs for Schools:

<https://www.cdc.gov/coronavirus/2019-ncov/community/schools-childcare/schools-faq.html>

Center for Disease Control “Schools Decision-Making Tree”

<https://www.cdc.gov/coronavirus/2019-ncov/community/schools-childcare/Schools-Decision-Tree.pdf>

California Department of Education – “Stronger Together: A Guidebook for the Safe Reopening of California’s Public Schools”

<https://www.cde.ca.gov/ls/he/hn/documents/strongertogether.pdf>

California Department of Health – “COVID 19 Industry Guidance: Schools and School-Based Programs”

<https://covid19.ca.gov/pdf/guidance-schools.pdf>

CDC “Cleaning and Disinfecting Your Facility”

<https://www.cdc.gov/coronavirus/2019-ncov/community/disinfecting-building-facility.html>

HEALTH & SAFETY CHECKLIST

Access Campus:

Hygiene
Protective Equipment

- a. Physical Distancing
- b. Cleaning and Disinfecting
- c. Employee Issues

- d. Communication with Students, Parents,
- e. Employees, Public Health and Community

1. Campus Access

Exclude any student, parent, caregiver, visitor, or staff showing symptoms of COVID-19 (reference CDC and CDPH guidelines for COVID-19 symptoms). Staff should discuss with the parent or caregiver and refer to the student's health history form or emergency card to identify whether the student has a history of allergies, which would not be a reason to exclude.

Monitor staff and students throughout the day for signs of illness. Determine any special or unique needs for students with disabilities related to planned district or school wide procedures:

Students—Entering Campuses

- Passive Screening. Instruct parents to screen students before leaving for school (check temperature to ensure temperatures below 100.4 degrees Fahrenheit, observe for symptoms outlined by public health officials) and to keep students at home if they have symptoms consistent with COVID-19 or if they have had close contact with a person diagnosed with COVID-19.

- Active Screening. Engage in symptom screening as students enter campus , consistent with public health guidance, which includes visual wellness checks and temperature checks with no-touch thermometers (check temperature to ensure temperatures below 100 .4 degrees Fahrenheit), and ask all students about COVID-19 symptoms within the last 24 hours and whether anyone in their home has had COVID-19 symptoms or a positive test.

Thermometers must be properly cleaned and disinfected after each use ○ All students must wash or sanitize hands as they enter campuses.

- Provide supervised, sufficient points of access to avoid large gatherings.
- Use privacy boards or clear screens when practicable.
- If a student is symptomatic while entering campus or during the school day:

Students who develop symptoms of illness while at school should be separated from others right away, preferably isolated in an area through which others do not enter or pass. If more than one student is in an isolation area, ensure physical distancing.

Any students or staff exhibiting symptoms should be required to immediately wear a face covering and wait in an isolation area until they can be transported home or to a healthcare facility.

Students should remain in isolation with continued supervision and care until picked up by an authorized adult.

Follow established guidelines for triaging students in the health office, recognizing not all symptoms are COVID-19 related.

Advise parents of sick students that students are not to return until they have met CDC criteria to discontinue home isolation.

- Protect and support students who are at higher risk for severe illness (medical conditions that the CDC says may have increased risks) or who cannot safely distance from household contacts at higher risk by providing options such as virtual learning or independent study.

Staff—Entering Campuses

Passive Screening. Instruct staff to self-screen before leaving for work (check temperature to ensure).

Temperatures below 100 .4 degrees Fahrenheit, check for symptoms outlined by public health officials) and to stay home if they have symptoms consistent with COVID-19 or if they have had close contact with a person diagnosed with COVID-19.

Active Screening: Engage in symptom screening as staff enter worksites, consistent with public health guidance, which includes visual wellness checks and temperature checks with no-touch thermometers (check temperature to ensure temperatures below 100 .4 degrees Fahrenheit), and ask all staff about COVID-19 symptoms within the last 24 hours and whether anyone in their home has had COVID-19 symptoms or a positive test.

Thermometers must be properly cleaned and disinfected after each use.

- All staff must wash or sanitize hands as they enter worksites.
- For employees who are exhibiting symptoms from the workplace, please refer to the appendix for instructions from the Diocese of Orange Dept. of Human Resources.

Outside Visitors and Groups

- Limit access to campus for parents and other visitors
- Establish protocol for accepting deliveries safely.

2. Hygiene

Plan to address hygiene practices to ensure personal health and safety in school facilities:

Handwashing. In accordance with CDPH and Cal/OSHA guidance and in consultation with local public health officials, develop a plan for handwashing that includes:

- Providing opportunities for students and staff to meet handwashing frequency guidance.
- Ensuring sufficient access to handwashing and sanitizer stations . Consider portable handwashing stations throughout a site and near classrooms to minimize movement and congregations in bathrooms to the extent possible.
- Ensuring fragrance-free hand sanitizer (with a minimum of 60 percent alcohol) is available and supervised at or near all workstations. Children under age nine should use hand sanitizer under adult supervision. Call Poison Control if consumed: 1-800-222-1222 . Note: Frequent handwashing is more effective than the use of hand sanitizers.

Train staff and students on proper handwashing techniques and PPE/EPG use, including the following:

- Scrub with soap for at least 20 seconds or use hand sanitizer if soap and water are not accessible.

Staff and students should use paper towels (or single use cloth towels) to dry hands thoroughly.

- Wash hands when: arriving and leaving home; arriving at and leaving school; after playing outside; after having close contact with others; after using shared surfaces or tools; before and after using restroom; after blowing nose, coughing, and sneezing; and before and after eating and preparing foods .
- CDC guidance on proper PPE use

Teach staff and students to:

- Use tissue to wipe the nose and cough and sneeze inside the tissue
- Do not touch the face or face covering

3. Protective Equipment

Plan to address protective equipment needs to ensure personal health and safety in school facilities and vehicles

According to CDC guidance:

- Training and information should be provided to staff and students on proper use, removal, and washing of cloth face coverings.
- Face coverings are not recommended for anyone who has trouble breathing or is unconscious, incapacitated, or otherwise unable to remove the covering without assistance. Schools should make reasonable accommodations such as a face shield with a cloth drape for those who are unable to wear face coverings for medical reasons. Per Cal/OSHA, considerations for face shields should include a cloth drape attached across the bottom and tucked into the shirt.
- Cloth face coverings are meant to protect other people in case the wearer is unknowingly infected (many people carry COVID-19 but do not have symptoms). Cloth face coverings are not surgical masks, respirators, or personal protective equipment.

Staff Protective Equipment

- As recommended by the CDC, all staff should wear face coverings. Per CDPH guidance, teachers could use face shields, which enable students to see their faces and to avoid potential barriers to phonological instruction.
- Provide masks if the employee does not have a clean face covering.
- Provide other protective equipment, as appropriate for work assignments.

For employees engaging in symptom screening, provide surgical masks, face shields, and disposable gloves.

For front office and food service employees, provide face coverings and disposable gloves.

For custodial staff, provide equipment and PPE for cleaning and disinfecting.

For regular surface cleaning, provide gloves appropriate for all cleaning and disinfecting.

Classified staff engaged in deep cleaning and disinfecting should be equipped with proper PPE for COVID-19 disinfection (disposable gown, gloves, eye protection, and mask or respirator) in addition to PPE as required by product instructions. All products must be kept out of children's reach and stored in a space with restricted access

Cal/OSHA requires that PPE be provided and worn to effectively protect employees from the hazards of the cleaning products used and training be provided to staff on the hazards of chemicals

Student Protective Equipment

- Students should use cloth face coverings, especially in circumstances when physical distancing cannot be maintained. Consider how to address students with disabilities who refuse or are not able to wear masks. At a minimum, face coverings should be worn:

While waiting to enter the school campus.

While on school grounds (except when eating or drinking);while leaving school.

4. Physical Distancing

Plan to meet physical distancing standards in school facilities. Clearly define how staff can honor physical distancing recommendations, yet meet student medical, personal, or support needs. Determine how adequate space and facilities will be utilized to maintain health and safety of students and staff, especially when tending to individual student medical or personal needs. In a circumstance where sufficient physical distancing is difficult or impossible, all individuals, including staff and students, should wear face coverings that cover the mouth and nose consistent with public health guidance. To be clear, face coverings are not a replacement for physical distancing, but they should be used to mitigate virus spread when physical distancing is not feasible.

Plan to limit the number of people on all campus spaces to the number that can be reasonably accommodated while maintaining a minimum of 6 feet distance between individuals. (NB: 6 feet is the current minimum recommendation for physical distancing from the CDC, but it is important to pay attention to future modifications in public health recommendations.)

To the extent possible, and as recommended by the CDC, attempt to create smaller student/educator cohorts to minimize the mixing of students throughout the day. Minimize movement of students, educators, and staff as much as possible.

Limit the number of students physically reporting to school, if needed to maintain physical distancing. Determine student and staff capacity of each school meeting 6-foot physical distancing objectives.

The CDC recommends virtual activities in lieu of field trips and intergroup events

Post signage and install barriers to direct traffic around campus.

Playgrounds/Outside Spaces/Athletics

- Increase supervision to ensure physical distancing.
- Physical education (PE) and intramural/interscholastic athletics should be limited to activities that do not involve physical contact with other students or equipment until advised otherwise by state/local public health officials.

Classrooms

- Determine maximum capacity for students of each classroom while meeting 6-foot physical distancing objectives.
- In accordance with CDC and CDPH guidance, ensure desks are a minimum of 6 feet apart and arrange desks in a way that minimizes face-to-face contact.
- If necessary, utilize other campus spaces for instructional activities (e.g., lecture halls, gyms, auditoriums, cafeterias, outdoors).
- If necessary, broadcast to other classrooms and students distance learning from home.
- Increase staffing to ensure physical distancing for younger students and students with special needs.
- Arrange developmentally appropriate activities for smaller group activities and rearrange furniture and play spaces to maintain separation, when possible.
- Address physical distancing objectives as students move between classrooms.
- Address potential issues from physical distancing rules that could result in unintended segregation of students with disabilities on campuses away from peers without disabilities.

Staff

- Develop a plan that ensures physical distancing among staff in their work environment to reduce the spread of the virus that includes:

Avoiding staff congregation in work environments, break rooms, staff rooms, and bathrooms.

Avoid grouping staff together for training or staff development. Consider conducting the training virtually or, if in-person, ensure distancing is maintained.

- Adjust staff schedules to accommodate new student schedules and physical distancing strategies.
- In accordance with Cal/OSHA regulations and guidance, evaluate all workspaces to ensure that employees can maintain physical distancing to the extent possible.

Where possible, rearrange workspaces to incorporate a minimum of 6 feet between employees and students.

If physical distancing between workspaces or between employees and students and visitors is not possible, add physical barriers that cannot be moved to separate workspaces.

5. Cleaning and Disinfecting

Plan to meet cleanliness and disinfecting standards in school facilities and vehicles.

Overall Cleanliness Standards . Schools must meet high cleanliness standards prior to reopening and maintain a high level during the school year.

In accordance with CDC guidance, avoid sharing of electronic devices, toys, books, and other games or learning aids.

Limit stuffed animals and any other toys that are difficult to clean and sanitize.

In accordance with CDC and California Department of Pesticide Regulation (CDPR) guidance, and in consultation with local public health officials, develop a plan that includes:

- Safe and correct application of disinfectants using personal protective equipment and ventilation recommended for cleaning.
- Disinfecting surfaces between uses, such as:
 - Desks and table; chairs
 - Keyboards, phones, headsets, copy machines
- Disinfecting frequently—at least daily—high-touch surfaces, such as: Door handles

Handrails, Drinking fountains, Sink handles, Restroom surfaces, Toys, games, art supplies, instructional materials Playground equipment

- When choosing disinfecting products, using those approved for use against COVID-19 on the Environmental Protection Agency (EPA) List N: Disinfectants for Use Against SARS-CoV-2 and follow product instruction.

To reduce the risk of asthma related to disinfecting, programs should aim to select disinfectant products on the EPA List N with asthma-safer ingredients (hydrogen peroxide, citric acid, or lactic acid).

Avoid products that mix these ingredients with peroxyacetic acid, sodium hypochlorite (bleach), or quaternary ammonium compounds, which can cause asthma.

Use disinfectants labeled to be effective against emerging viral pathogens, following label directions for appropriate dilution rates and contact times.

- When cleaning, airing out the space before children arrive. Plan to do thorough cleaning when children are not present.
- Closing off areas used by any sick person and not using before cleaning and disinfection. To reduce risk of exposure, wait 24 hours before cleaning and disinfecting. If it is not possible to wait 24 hours, wait as long as possible.

Make a Plan for Adequate Outdoor Air Circulation

- In accordance with CDC guidance, ensure that ventilation systems and fans operate properly and increase circulation of outdoor air as much as possible by opening windows and doors and other methods. Do not open windows and doors if doing so poses a safety or health risk to children using the facility (for example, allowing pollen in or exacerbating asthma symptoms) . Maximize central air filtration for heating, ventilation, and air conditioning (HVAC) systems (targeted filter rating of at least MERV 13).

Take steps to ensure that all water systems and features (e.g. drinking fountains, decorative fountains) are safe to use after a prolonged facility shutdown to minimize the risk of Legionnaires' disease and other diseases associated with water.

Keep each child's belongings separated and in an individually labeled storage container, cubby, or area. Send belongings home each day to be cleaned. Schools should consider not using lockers.

6. Employee Issues:

Engage employees on COVID-19 plans and provide necessary training and accommodations.

Staffing Ratios

- Ensure staffing levels are sufficient to meet unique facility cleanliness, physical distancing, student learning, and health and safety needs to address COVID-19.
- Consider rolling staff cohorts to meet needs and avoid overwork. Develop and provide staff training or utilize state-providing training on:
 - Disinfecting frequency and tools and chemicals used in accordance with the Healthy Schools Act, CDPR guidance, and Cal/OSHA regulations. For staff who use hazardous chemicals for cleaning, specialized training is required.
 - Physical distancing of staff and students.
 - Symptom screening, including temperature checks.
 - Updates to the Injury and Illness Prevention Program (IIPP).
 - State and local health standards and recommendations, including, but not limited to, the following:

Proper use of protective equipment, including information on limitations of some face coverings that do not protect the wearer and are not PPE but can help protect people near the wearer. Face coverings do not replace the need for physical distancing and frequent handwashing. Cloth face coverings are most essential when physical distancing is not possible. Also include training on removal and washing of cloth face coverings.

Cough and sneeze etiquette

Keeping one's hands away from one's face.

Frequent hand washing and proper technique.

Confidentiality around health recording and reporting.

Training for school health staff on clinical manifestations of COVID-19, pediatric presentations, and CDC transmission-based precautions.

Training on trauma-informed practices and suicide prevention.

Designate a staff liaison or liaisons to be responsible for responding to COVID-19 concerns . Employees should know who they are and how to contact them.

Reasonable Accommodations

- Protect and support staff who are at higher risk for severe illness (medical conditions that the CDC says may have increased risks) or who cannot safely distance from household contacts at higher risk by providing options such as telework or change in classification or duties.

7. Communication with Students, Parents, Employees, Public Health Officials, and the Community

Plan a process for communicating updates to the community.

School leaders should engage stakeholders, including families, staff, and partners in the school community, to formulate and implement the plans in this checklist

Communicate to staff, students, and parents about new, COVID-19-related protocols, including:

- Proper use of PPE/EPG.

- Cleanliness and disinfection.
- Transmission prevention.
- Guidelines for families about when to keep students home from school.
- Systems for self-reporting symptoms.
- Criteria and plan to close schools again for physical attendance of students.

Target communication for vulnerable members of the school community.

Create a communications plan for if a school has a positive COVID-19 case.

- Address the school's role in documenting, reporting, tracking, and tracing infections in coordination with public health officials.
- Notify staff and families immediately of any possible cases of COVID-19. Review legal responsibilities and privacy rights for communicating about cases of the virus.

- Provide guidance to parents, teachers, and staff reminding them of the importance of community physical distancing measures while a school is closed, including discouraging students or staff from gathering elsewhere.
- Advise sick staff members and children not to return until they have met CDC criteria to discontinue home isolation.
- Inform those who have had close contact with a person diagnosed with COVID-19 to stay home and self-monitor for symptoms and to follow CDC guidance if symptoms develop. If a person does not have symptoms follow appropriate CDC guidance for home isolation.

A-3: INSTRUCTIONAL MODEL OPTIONS AND INFORMATION

Schools should be considering three different models for re-opening:

Traditional
Hybrid (Examples A & B)
Distance Learning

Example A: Two-Day Rotation Blended Learning Model. Students report to school on two designated days based on grade level for in-person instruction (example: Monday/Wednesday for grade levels TK–4, Tuesday/Thursday for grade levels 5–8). On the other days, students are engaged in distance learning. Physical education, health, and other content area teachers, as well as administrators and teachers on special assignment, could be included to reduce student–teacher ratios.

Example B: Early/Late Staggered Schedules. Grade level bands would have staggered start and dismissal times, such as AM/PM rotations (for example, TK–2, 3–5, 6–8). The bell schedule would accommodate multiple recesses and lunch periods and multiple meal distribution points, along with time for students to engage in handwashing before entering classrooms. Students could be in a homeroom with teachers rotating to decrease student congregation in hallways.

Consider the following when deciding on an instructional model:

Parent survey data

Access to technology (devices as well as connectivity)

- Technology policies in place to protect private and sensitive student information to be compliant with CA data privacy laws

Physical building and space restrictions should inform the instructional model choice 13

Appropriate training for all staff

The instructional and social-emotional supports that the students and their families will need.

How to measure success and effectiveness of the model.

What models other schools in the area are choosing to help with consistent and coherent approaches to support families.

Communicate what instructional model will be implemented.

- Consider how to improve the efficacy of the communication by identifying and addressing potential language barriers, cultural barriers, and disability accommodations or supports necessary for communicating to families and other audiences.

Consider the following when intentionally planning for instruction:

Resources that staff will need to work together to design and lead changes in their classrooms.

Best method for collecting and responding to student feedback.

How to support students with learning differences.

Implement Universal Design for Learning (UDL).

Process for identifying essential standards and skills for student mastery at each grade level.

Structures in place to support the social-emotional and instructional needs of students.

Collaboration & Assessment

In order to inform instruction and gauge student learning, it is important to consider and solidify a systematic cycle of assessments including initial screenings and formative and summative assessments and to ensure that all curriculum maps are current. For data to lead to meaningful change in student outcomes, teachers and administrators need designated collaboration time to analyze data, identify shifts and changes in instruction to meet student needs, implement intervention strategies, and assess the effectiveness of instructional

strategies.

Initial Screening/Diagnostic Assessments

Purpose: Diagnostic assessments are used to identify specific areas where instruction or intervention may be needed to improve student learning.

We recommend schools administer the STAR Math, Reading, and STAR Early Literacy the first week students return to campus. These tests will give you baseline data to support instruction.

For schools that purchased Freckle Math:

Data from the STAR Math assessment will integrate with Freckle and set adaptive practice starting points.

Administer the Benchmark Assessment on domains that coincide with the 3rd trimester of the previous year.

- Example: if you teach 4th grade, you would administer Benchmark Assessments in Freckle Math that coincide with the last trimester of 3rd grade.

A video on how to use Benchmark Assessments is on www.techoc.org under the Renaissance tab

For this reason, grade level meetings prior to school opening should take place.

Data from these assessments will inform instruction and groupings within the classroom and support individualized learning through the adaptive practice function of Freckle Math.

For schools that purchased STAR 360:

360 Implementation Guide

Ready to use STAR Custom Skills Checks will give you data on how students are performing in relation to targeted skills and standards.

Tentative training set for 7/17/20 (details to follow).

For Schools that have the basic Renaissance package:

Assess with STAR Math and Reading the first week students return to campus.

- Use the Instructional Planning Report data to inform your instruction. Formative Assessments/Progress Monitoring

Purpose: Formative assessments and progress monitoring take place during the lesson and provide actionable information about students' learning status relative to the desired lesson goal. Teachers can use data from formative assessments immediately to adjust their instruction and ensure students' progress towards learning goals.

Formative assessment examples may include collecting exit tickets through a digital platform at the end of each class session, whether online or in person; using an opener to reinforce skills and check for understanding on concepts recently taught; giving students opportunities to share what is working and what is not working; or continuing to provide ample opportunity for discussion and meaningful content interaction with students through high-order thinking questions. As students are given opportunities to participate in engaging activities, be sure to provide students with ample time to think and develop a solid response, as appropriate.

Consider the following when planning for assessment and instruction:

When reviewing all assessment data, focus on a continuous improvement learning model.

Consider developing a regularly scheduled time for grade-level teams and staff meetings to engage in cycles of inquiry around student data.

Learning goals should be clearly established and explicitly communicated to students. Providing students with an essential question or learning goal at the beginning of instruction, and frequently referring back to the question or goal, provides transparency for students. In a virtual environment, this can include prominently posting the learning goal or essential question on a teacher's web page, asking students to keep a learning log to track their key learnings throughout a lesson or unit, or weekly check-ins that require students to respond to the essential question using information from the week's lessons and activities.

Consider using choice boards, which provide students with a variety of options that demonstrate learning and allow students to revise or resubmit work after re-teaching or receiving feedback.

Feedback should be timely, specific, and actionable, either through written or oral communication, videos or sound recordings, or student-to-student feedback in online breakout sessions.

As schools create plans to reopen, we have the responsibility to ensure that students with learning differences and English language learners are supported and integrated fully into the learning environment and school community. Students with ILP's with accommodations that are stated and in place in an on-campus environment may not

have access to these same accommodations in a Distance Learning environment. In such cases, the school will reach out to the affected family to dialogue about appropriate and available accommodations to support each student's ability to be successful.

A-4: SOCIAL-EMOTIONAL WELLNESS AND LEARNING

During the COVID-19 response, it is critically important to place adult and student wellness first to establish a positive, safe, and supportive learning environment. Leading with Social-Emotional Learning (SEL) is essential because children need social and emotional support as they, like the adults around them, navigate the unprecedented challenges of alternative learning contexts, and because SEL helps students access academic content through building essential self-management skills, resilience, and connections.

Stress has a major impact on the developing brain. The Science of Learning and Development Alliance is a great resource for teachers, administrators, and LEAs to understand how stress affects students (see its research at <https://www.soldalliance.org/resources>). In the pandemic, students may have experienced high levels of stress from the disruption of their daily lives, worries about their own and family members' health, and possibly financial strains in the household and community. For children living in unstable or unsafe conditions, the stress and trauma—resulting in ongoing, unbuffered cortisol—threaten to have long-term negative impacts on their bodies and brains. These students will likely return to school needing additional support to rebalance their limbic systems and refocus on the task of learning and being productive in a school community .

As the possibility of a virus resurgence exists, so does the possibility of alternating between virtual learning and in- person classroom activities. The CDE has compiled a list of resources that provide a range of SEL options for educators, administrators, other school leaders, and families/guardians as they support their students during distance learning. To view the list of resources, visit the CDE SEL and Distance Learning web page at <https://www.cde.ca.gov/ci/se/seldistance.asp> . Many of these resources can be used inside and outside the classroom.

The CDE is committed to helping educators learn more about SEL and how to infuse social and emotional support into every child's school experience. The CDE convened a group of experts from different sectors of the education system to advise the best ways to support SEL implementation. The team developed California's Social and Emotional Learning Guiding Principles (full version and summary) and a social and emotional learning resource guide. To learn more about this work, visit the CDE SEL web page at <https://www.cde.ca.gov/eo/in/socialemotionalllearning.asp> .

As events are changing daily and more testing becomes available for COVID-19, the new reality is that more and more individuals around us may be testing positive for COVID-19, including employees, and parishioners.

Our hope is that by providing you with the guidelines below you will be able to mitigate fear and anxiety, remain calm, and effectively communicate the guidelines below to everyone involved in these circumstances whether you are in a parish, school, office setting, etc. These guidelines are for employees but may be used interchangeably for parishioners.

EMPLOYEE/STUDENT

If a student or staff member is confirmed to have COVID-19, you must immediately notify local health officials. These officials will help administrators determine a course of action for their school. You will likely dismiss students and most staff for 2-5 days. This initial short-term dismissal allows time for the local health officials to gain a better understanding of the COVID-19 situation impacting the school and for custodial staff to clean and disinfect the affected facilities. Work with the local health officials to determine appropriate next steps, including whether an extended dismissal duration is needed to stop or slow further spread of COVID-19.

An infected employee should consult with their health care provider immediately and follow the directives provided to them by their health care provider. The infected employee should follow CDC recommended steps, and not return to work until the criteria to discontinue home isolation are met, in consultation with healthcare providers and state and local health departments. Currently, the CDC's criteria for discontinuing home isolation require that the employee experience all of the following: (1) 3 days with no fever, (2) respiratory systems have improved (e.g. cough, shortness of breath), and (3) 10 days have passed since his/her symptoms first appeared.

Review symptoms with employees. Employees who have symptoms (i.e., fever, cough, or shortness of breath) should notify their supervisor and be sent home as soon as possible. Keep anyone sick separate from well students and staff until the sick person can be sent home.

Employees with an underlying medical condition, and who are concerned, should consult their healthcare provider.

PARISHIONER:

If a parishioner reports they recently attended Mass and then reported testing positive for COVID-19 conduct a thorough hazard assessment of the church and any other church facilities the parishioner may have accessed, including asking where they were seated in church. If it has been less than seven days since the sick parishioner has

been in the church or church facilities, then the church should close off any areas used for prolonged periods of time by the parishioner. Then, the church should wait 24 hours before cleaning and disinfecting those areas, following CDC cleaning and disinfection recommendations. During this period, the church should open outside doors and windows to increase air circulation to these areas. If it has been seven days or more since the parishioner used the facility, additional cleaning and disinfection is not necessary. The church should determine which employees may have been exposed to the virus and may need to take additional precautions, including informing employees of their possible exposure to COVID-19 and quarantining potentially exposed employees.

The parishioner should be asked not to attend Mass until after they meet the CDC criteria for discontinuing home isolation. Currently, those criteria require that the parishioner experiences: (1) 3 days with no fever, (2) respiratory systems have improved (e.g. cough, shortness of breath); and (3) 10 days have passed since his/her symptoms first appeared. If students and/or school staff may have been exposed to the parishioner, you must immediately notify health officials. The officials will help administrators determine a course of action for the school.

Further to limit the transmission of COVID-19 always encourage staff to wear masks. Parishioners are all urged, out of regard for others, to always wear a mask while attending Mass. To the extent that federal, state or local law requires employees and/or parishioners to wear masks, we will comply with any such laws.

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