



## El Rancho School

5636 El Camino Avenue, Carmichael, CA 95608

Phone (916) 482-8656 Fax (916) 482-8658

Email [ElRanchoSchool@att.net](mailto:ElRanchoSchool@att.net)

Web site [www.ElRanchoSchool.com](http://www.ElRanchoSchool.com)

### El Rancho Elementary School Reopening Plans

#### **Why is it important to open schools for in-person instruction?**

While opening schools – like opening any building or facility—does pose a risk for the spread of COVID-19, there are many reasons why opening schools in the fall of 2020 for in-person instruction is important.

#### **Schools play a critical role in the wellbeing of communities.**

Schools are a fundamental part of the infrastructure of communities. Schools provide safe and supportive environments, structure, and routines for children, as well as other needed support services to children and families. Schools play a vital role in the economic health of communities by employing teachers and other staff and helping parents, guardians, and caregivers work.

#### **Schools provide critical instruction and academic support.**

Schools provide critical instruction and academic support that benefit students and communities in both the short- and long-term. The main role and priorities of K-12 educational institutions are to provide age-appropriate instruction and support students' academic development. Reopening schools will provide in-person instruction for students, facilitate increased communication between teachers and students, and provide students with critical academic services, including school-based tutoring, special education, and other specialized learning supports.

Studies show that students have experienced learning loss during the period of school closure and summer months.<sup>[30]</sup> In-person instruction for students has advantages over virtual learning, particularly when virtual learning was not the planned format for instruction, and schools may not have the resources or capability to transition fully to virtual learning. In-person classroom instruction has the added benefit for many students of interpersonal interaction between the student and the teacher and the student and peers.<sup>[31]</sup> Teachers are able to more actively participate in student learning, provide feedback as students encounter challenges, and promote active learning among students.<sup>[32]</sup>

In-person instruction may be particularly beneficial for students with additional learning needs. Children with disabilities may not have access through virtual means to the specialized instruction, related services or additional supports required by their Individualized Education Programs (IEPs) or 504 Plans.<sup>[33]</sup> Students may also not have access through virtual means to quality English Language Learning (ELL).<sup>[34]</sup>

When schools are closed to in-person instruction, disparities in educational outcomes could become wider, as some families may not have capacity to fully participate in distance learning (e.g., computer and internet access issues, lack of parent, guardian, or caregiver support because of work schedules) and may rely on school-based services that support their child's academic success. The persistent achievement gaps that already existed prior to COVID-19 closures, such as disparities across income levels and racial and ethnic

groups, could worsen and cause long-term effects on children's educational outcomes, health, and the economic wellbeing of families and communities. While concern over higher rates of COVID-19 among certain racial/ethnic groups may amplify consideration of closing a school that educates primarily racial minority students, there should also be consideration that these may also be the schools most heavily relied upon for students to receive other services and support, like nutrition and support services.

### **Schools play a critical role in supporting the whole child, not just the academic achievement of students.**

#### **Social and emotional health of students can be enhanced through schools.**

Social interaction among children in grades K-12 is important not only for emotional wellbeing, but also for children's language, communication, social, and interpersonal skills.<sup>[37]</sup> Some students may have experienced social isolation and increased anxiety while not physically being in school due to COVID-19. Resuming in-person instruction can support students' social and emotional wellbeing.<sup>[38]</sup> Schools can provide a foundation for socialization among children. When children are out of school, they may be separated from their social network and peer-to-peer social support. Schools can facilitate the social and emotional health of children through curricular lessons that develop students' skills to recognize and manage emotions, set and achieve positive goals, appreciate others' perspectives, establish and maintain positive relationships, and make responsible decisions.<sup>[39]</sup>

#### **Mental health of students can be fostered through school supports and services.**

Schools are an important venue for students to receive [emotional and psychological support](#) from friends, teachers, and other staff members. Lengthy school building closures can leave some students feeling isolated from important friendships and support from other caring adults.<sup>[40]</sup> Schools also provide critical psychological, mental and behavioral health (e.g., psychological counselling, mental and behavioral assessment) services to children who may not have access to these services outside of school. School closures have limited the availability of these services. Furthermore, isolation and uncertainty about the COVID-19 pandemic can create feelings of [hopelessness and anxiety](#) while removing important sources of social support.

Some students may have experienced trauma through the loss of a loved one from COVID-19. Increases in anxiety and depression may occur when students do not have the structure and routine that being in school brings to their daily lives. Finally, having opportunities to be physically active through recess and physical education can help improve students' feelings of anxiety and sadness. These physical activities should be provided regularly to students in a safe and supportive environment that includes physical distancing and strategies to reduce close contact between students.

According to the [CDPH/CalOSHA Guidance for Schools and School-Based Programs](#) (PDF), elementary school reopening plans must address several topics related to health and safety, in a manner consistent with guidance from CDPH and the local health department. Those topics include and are explained how El Rancho School address them below:

## Cleaning and Disinfection

We follow the Caring for Our Children: National Health and Safety Performance Standards for Routine Schedule for Cleaning, Sanitizing and Disinfecting attached here:

<https://nrckids.org/files/appendix/AppendixK.pdf>

- El Rancho School has a schedule for cleaning and disinfecting. [We routinely clean, sanitize, and disinfect](#) surfaces and objects that are frequently touched, especially toys and games.
- We use all cleaning products according to the directions on the label. If surfaces are dirty, they are cleaned using a detergent or soap and water prior to disinfection. Our staff follows the manufacturer's instructions for concentration, application method, and contact time for all cleaning and disinfection products.
- The school provides EPA-registered disposable wipes (when available) or sprays to child care providers and other staff members so that commonly used surfaces such as keyboards, desks, and remote controls can be wiped down before use. All cleaning materials should be kept secure and out of reach of children.
- Cleaning products are not used near children, and staff ensures that there is adequate ventilation when using these products to prevent children from inhaling toxic fumes.
- Prior to opening each day, the check-in table is cleaned and sanitized with Microban 24-Hour spray.
- At check-in students receive a sanitized basket for their lunch box and water bottle.
- Most of our cleaning and sanitizing is throughout the day and at the end of the day.
- Each classroom and outside space is supplied with Clorox wipes/spray, paper towels, Microban 24-Hour spray and hand sanitizer. Desks, chairs, tables, teacher's clear screens, dry erase pens, doors & light switches cleaned and sanitized daily when students leave. Students have their individual basket of all needed supplies in their desk that no other student touches. Those items include, but are not limited to: crayons, markers, pencils, pencil sharpener, pens, glue stick, ruler, erasers, paper, text books and workbooks. The non-porous individual supplies are disinfected daily.
- Bathroom toilets, handles and knobs are cleaned and disinfected throughout the day and each evening.
- Outside picnic tables, railings, door knobs, balls, plastic jump ropes, hula hoops and play structure are sanitized throughout each day. The cohorts do not play together or use the same spaces or items.
- Classroom toys are divided between the children. When they are finished playing with them all the toys go into a laundry style basket, are cleaned and then dipped in disinfectant, air dried and returned to the classroom. In some classrooms the teachers have divided out the toys into individual trays so each child has their own school toys to play with. Only 1 child touches those toys. Those toys are cleaned & disinfected each week and divided between the students at the beginning of a new week. Toys that cannot be cleaned and sanitized have been removed from the school property. Toys that children have placed in their mouths or that are otherwise contaminated by body secretions or excretions are set aside until they are cleaned by hand by a person wearing gloves. We clean with water and detergent, rinse, sanitize with an EPA-registered disinfectant, rinse again, and air-dry. We sometimes use a mechanical dishwasher. Items more likely to be placed in a child's mouth, like play food, dishes, and utensils have been removed from the school property. Machine washable cloth toys

have been removed from the school property. Toys that need to be cleaned are placed in a laundry-style basket out of reach of students until they can be washed with soap, sanitized and air-dried. Children's books, like other paper-based materials, are not considered a high risk for transmission and do not need additional cleaning or disinfection procedures.

- Parents provide bedding (sheets, pillows, blankets, sleeping bags) that can be washed. Each child's bedding is separate, and stored in their individually labeled cubby. Cots and mat are cleaned and disinfected daily.

#### Shared objects

- We discourage sharing of items that are difficult to clean or disinfect.
- Each child's belongings are separated from others' and in individually labeled cubbies and bins.
- We avoid sharing electronic devices, toys, books, and other games or learning aids.

#### Small, Stable Cohorting

- Cohorts will not exceed 14 students. One teacher and one assistant are assigned to each cohort and will give each other breaks. Cohorts stay together and do not "mix" with other cohorts in the classroom or on the playground. The playground is divided into sections with fencing, portable benches and tape on the ground to indicate boundary lines.
- This sign is posted in all classrooms <https://www.cdc.gov/coronavirus/2019-ncov/downloads/community/schools-childcare/COVID19-k-12-school-posters-class-rules.pdf>

#### Entrance, egress, and movement within the school

- At our exterior school entrance we have made many modifications. We have the following CDC postings on display:
- <https://www.cdc.gov/coronavirus/2019-ncov/downloads/stop-the-spread-of-germs.pdf>
- [https://www.cdc.gov/coronavirus/2019-ncov/downloads/cover-your-cough\\_poster.pdf](https://www.cdc.gov/coronavirus/2019-ncov/downloads/cover-your-cough_poster.pdf)
- <https://www.cdc.gov/coronavirus/2019-ncov/downloads/community/schools-childcare/COVID19-k-12-school-posters-stay-home-when-sick.pdf>
- <https://www.cdc.gov/coronavirus/2019-ncov/downloads/community/schools-childcare/COVID19-k-12-school-posters-keep-space-when-outside.pdf>

#### Parent Drop-Off and Pick-Up

- A hand hygiene station is set up outside the entrance of the facility, so that parents and staff can clean their hands before they enter. We provide hand sanitizer in an automatic dispenser with at least 60% alcohol next to the parent sign-in sheets. It is out of children's reach and we supervise the use. We use Clorox wipes and Microban 24-Hour spray for cleaning pens and have a "Sanitized Pens" jar as well as a "Used Pens" jar.
- Students arrive between 7:30 - 9:00AM. Parents do not come closer than 6 feet from the staff member to limit direct contact with parents as much as possible. Our staff greets children outside as they arrive. Our staff then escorts them to their classroom. We encourage the same parent or designated person to drop off and pick up the child every day. If possible, older people such as grandparents or those with serious underlying medical conditions should not drop-off or pick-up children, because they are more at risk for severe illness from COVID-19.
- We have yellow tape every 6 feet entering the school using the right side of the walkway. Upon entering everyone must wear a properly fitting mask and wear it correctly. One parent escorts their child to the outside table.

## Face Coverings and Other Essential Protective Gear

- Masks, without vents, are required to be worn upon entering the walk-through exterior school gate by everyone. This includes parents, students, staff, visitors and maintenance members. Masks must be worn properly over the nose, snug on the face and under the chin. We have adult and student sized masks for sale for \$5 each at the gate if someone arrives without one. Students must also have a lanyard to attach their mask when it is not on their face. If students arrive at school without one, they are for sale for \$5 each. In addition our staff has access to face shields. Teachers may choose to instruct from behind a 6 feet x 8 feet clear plastic screen while up at the white board, wearing their mask.
- The following sign is posted in each classroom and along outside walkways:  
[https://www.cdc.gov/coronavirus/2019-ncov/downloads/community/CFC\\_Guide\\_for\\_School\\_Administrators.pdf](https://www.cdc.gov/coronavirus/2019-ncov/downloads/community/CFC_Guide_for_School_Administrators.pdf)

Students, teachers, and staff are aware that:

- They should not touch their masks while wearing them and, if they do, they should wash their hands before and after with soap and water or sanitize hands (using a hand sanitizer that contains at least 60% alcohol).
- They should wash or sanitize hands (using a hand sanitizer that contains at least 60% alcohol) before and after helping a student put on or adjust a mask.
- Masks should not be worn if they are wet because a wet mask may make it difficult to breathe.
- They should never share or swap masks.
- Students' masks should be clearly identified with their names or initials, to avoid confusion or swapping. Students' masks may also be labeled to indicate top/bottom and front/back.
- Masks, when not being worn, are stored in individual student baskets or worn on a lanyard.
- Masks should be washed after every day of use and/or before being used again, or if visibly soiled.
- Teachers wear disposable gloves while cleaning and sanitizing.

## Masks

- We teach and reinforce use of [masks](#). The use of masks is one of many important mitigation strategies to help prevent the spread of COVID-19. [Masks](#) are meant to protect other people in case the wearer is unknowingly infected but does not have symptoms. [Masks](#) are not Personal Protective Equipment (PPE) (e.g., surgical masks, respirators).
- Appropriate and consistent use of masks is most important when students, teachers, and staff are indoors and when social distancing is difficult to implement or maintain. Individuals should be frequently reminded not to touch the face covering or mask and to [wash their hands](#) or use hand sanitizer frequently. Information should be provided to staff, students, and students' families on [proper use, removal, and washing of masks](#).
- [Masks](#) should **not** be placed on:
  - Children younger than 2 years old
  - Anyone who has trouble breathing or is unconscious
  - Anyone who is incapacitated or otherwise unable to remove the mask without assistance
- [Appropriate and consistent use](#) of masks may be challenging for some students, teachers, and staff, including:
  - Younger students, such as those in early elementary school (Pre-K through 3<sup>rd</sup> grade).
  - Students, teachers, and staff with severe asthma or other breathing difficulties.

- Students, teachers, and staff with special educational or healthcare needs, including intellectual and developmental disabilities, mental health conditions, and sensory concerns or tactile sensitivity.

### **Cover your mouth and nose with a mask when around others**

- You could spread COVID-19 to others even if you do not feel sick.
- The mask is meant to protect other people in case you are infected.
- Everyone should wear a [mask](#) in public settings and when around people who don't live in your household, especially when other [social distancing](#) measures are difficult to maintain.
  - Masks should not be placed on young children under age 2, anyone who has trouble breathing, or is unconscious, incapacitated or otherwise unable to remove the mask without assistance.
- Do NOT use a mask meant for a healthcare worker. Fabric masks are ideal for school. Currently, surgical masks and N95 respirators are critical supplies that should be reserved for healthcare workers and other first responders.
- Continue to keep about 6 feet between yourself and others. The mask is not a substitute for social distancing.
- While [masks](#) are strongly encouraged to reduce the spread of COVID-19, CDC recognizes there are specific instances when wearing a mask may not be feasible. In these instances, parents, guardians, caregivers, teachers, staff, and school administrators should consider [adaptations and alternatives](#) whenever possible. They may need to consult with healthcare providers for advice about wearing masks.
- People who are deaf or hard of hearing—or those who care for or interact with a person who is hearing impaired—may be unable to wear masks if they rely on lip reading to communicate. This may be particularly relevant for faculty or staff teaching or working with students who may be deaf or hard of hearing. In this situation, consider using a clear mask that covers the nose and wraps securely around the face. If a [clear mask](#) isn't available, consider whether faculty and staff can use written communication (including closed captioning) and decrease background noise to improve communication while wearing a mask that blocks your lips.
- Masks are recommended as a simple barrier to help prevent respiratory droplets from traveling into the air and onto other people when the person wearing the mask coughs, sneezes, talks, or raises their voice. This is called [source control](#).
- In addition to those who interact with people who are deaf or hard of hearing, the following groups of teachers and staff may also consider using clear masks:
  - Teachers of young students (e.g., teaching young students to read).
  - Teachers of students who are English language learners
  - Teachers of students with disabilities
- Clear masks should be determined not to cause any breathing difficulties or over heating for the wearer. Clear masks are not face shields. CDC does not recommend use of face shields for normal everyday activities or as a substitute for masks because of a lack of evidence of their effectiveness to control the spread of the virus from the source for source control.

### **Health Screenings for Students and Staff**

Persons who have a fever of 100.4<sup>0</sup> (38.0<sup>0</sup>C) or above or other signs of illness will not be admitted to the facility. We encourage parents to be on the alert for signs of illness in their children and to keep them home when they are sick. We screen students upon arrival asking parents questions if their child has a cough, fever, chills, shortness of breath, muscle/body aches, vomiting/diarrhea, or new loss of taste/smell. We use this poster at sign-in: <https://www.cdc.gov/coronavirus/2019-ncov/downloads/COVID19-symptoms.pdf>

## Reliance on Barrier/Partition Controls

- Our staff stands behind a physical barrier, such as a plastic window or partition that can serve to protect the staff member's face and mucous membranes from respiratory droplets that may be produced if the child being screened sneezes, coughs, or talks.
- We make a visual inspection of the child for signs of illness, which could include flushed cheeks, rapid breathing or difficulty breathing (without recent physical activity), fatigue, or extreme fussiness.
- Our staff takes their temperature following these steps below:
  - Wash hands with soap and water for 20 seconds. If soap and water are not available, use a hand sanitizer with at least 60% alcohol.
  - Put on disposable gloves.
  - Check the child's temperature, reaching around the partition or through the window.
  - Make sure your face stays behind the barrier at all times during the screening.
- If performing a **temperature check on multiple individuals**, ensure that you use a **clean pair of gloves for each child** and that the **thermometer has been thoroughly cleaned** in between each check.
- We use non-contact (temporal) thermometers and we do not have physical contact with the child, and do not need to change gloves before the next check.

## Healthy Hygiene Practices

### Hand Washing

- All children and staff engage in hand hygiene at the following times:
  - Arrival to the facility and after breaks
  - Before and after preparing food or drinks
  - Before and after eating or handling food, or feeding children
  - Before and after administering medication or medical ointment
  - Before and after diapering
  - After using the toilet or helping a child use the bathroom
  - After coming in contact with bodily fluid
  - After handling animals or cleaning up animal waste
  - After playing outdoors or in sand
  - After handling garbage
- We encourage all students and staff to avoid touching their eyes, nose, and mouth with unwashed hands.
- We wash hands with soap and water for at least 20 seconds. If hands are not visibly dirty, alcohol-based hand sanitizers with at least 60% alcohol may be used if soap and water are not readily available.
- Our staff supervises children when they use hand sanitizer to prevent ingestion.
- We assist children with handwashing who cannot wash hands alone.
  - After assisting children with handwashing, staff also washes their hands.
- This poster is in every bathroom: <https://www.cdc.gov/handwashing/pdf/wash-your-hands-poster-english-508.pdf>

### Everyone Should

#### Cover coughs and sneezes

- Always cover your mouth and nose with a tissue when you cough or sneeze or use the inside of your elbow and do not spit.
- Throw used tissues in the trash.

- Immediately wash your hands with soap and water for at least 20 seconds. If soap and water are not readily available, clean your hands with a hand sanitizer that contains at least 60% alcohol.

### Clean and disinfect

- We clean AND disinfect [frequently touched surfaces](#) daily. This includes tables, doorknobs, light switches, countertops, handles, desks, phones, keyboards, toilets, faucets, and sinks.
- If surfaces are dirty, we clean them. We use detergent or soap and water prior to disinfection.
- Then, we use a common [EPA-registered household disinfectants](#)
- We support [healthy hygiene](#) behaviors by providing adequate supplies, including soap and water, hand sanitizer with at least 60% alcohol (for staff and older children who can safely use hand sanitizer), paper towels, tissues, disinfectant wipes, masks, and no-touch/foot-pedal trash cans.

### Avoid Close Contact by Physical Distancing

- We require staff and students to put 6 feet of distance between themselves and people who don't live in their household.
  - Some people without symptoms may be able to spread virus.
  - [Stay at least 6 feet \(about 2 arms' length\) from other people](#). Students and teacher desks are 6 feet from another person. Lines to enter classrooms have tape at 4-6 foot interval to show students where to stand. The students wear masks while in line.
  - Keeping distance from others is especially important for [people who are at higher risk of getting very sick](#).

### Identification and Tracing of Contacts

#### Staff Training and Family Education

##### Monitor Your Health Daily

- **Be alert for symptoms.** Watch for fever, cough, shortness of breath, or [other symptoms of COVID-19](#).
  - Especially important if you are [running essential errands](#), going into the office or workplace, and in settings where it may be difficult to keep a [physical distance of 6 feet](#).
- **Take your temperature** if symptoms develop.
  - Don't take your temperature within 30 minutes of exercising or after taking medications that could lower your temperature, like acetaminophen.
- Follow [CDC guidance](#) if symptoms develop.

[Protect Your Health This Flu Season](#) It's likely that flu viruses and the virus that causes COVID-19 will **both** spread this fall and winter. El Rancho School encourages students and staff to have a flu vaccine this fall. Healthcare systems could be overwhelmed treating both patients with flu and patients with COVID-19. This means getting a flu vaccine during 2020-2021 is more important than ever.

While getting a flu vaccine will not protect against COVID-19 there are many important benefits, such as:

1. Flu vaccines have been shown to reduce the risk of flu illness, hospitalization, and death.
2. Getting a flu vaccine can also save healthcare resources for the care of patients with COVID-19.



## Hand hygiene and respiratory etiquette

- We teach and reinforce [handwashing](#) with soap and water for at least 20 seconds and increased monitoring to ensure adherence among students and staff.
- We encourage staff and students to cover coughs and sneezes with a tissue. Used tissues should be thrown in the trash and hands washed immediately with soap and water for at least 20 seconds.
- If soap and water are not readily available, [hand sanitizer](#) that contains at least 60% alcohol should be used (for staff and older children who can safely use hand sanitizer).

## Staying home when appropriate

We educate staff and families about when they/their child(ren) should stay home and when they can return to school.

- We actively encourage employees and students who are sick or who have recently had close contact (less than 6 feet for fifteen minutes or more) with a person with COVID-19 to stay home. Our policies that encourage sick employees and students to stay at home without fear of reprisal, and ensure employees, students, and students' families are aware of these policies.
- Staff and students should stay home if they have tested positive for or are showing COVID-19 symptoms.
- Staff and students who have recently had close contact with a person with COVID-19 should also stay home and monitor their health.
- CDC's criteria can help inform when employees should return to work:

If you are sick with COVID-19 or think you might have COVID-19, 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 [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.

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 facemasks are reserved for healthcare workers and some first responders.

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

- **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.
- **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 [hereexternal icon](#).
  - [Complete Disinfection Guidance](#)

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](#).

### [Is it COVID-19 or Flu?](#)

Some of the symptoms of flu and COVID-19 are similar, making it hard to tell the difference between them based on symptoms alone. Diagnostic testing can help determine if you are sick with the flu or COVID-19.

[If they have recently had close contact with a person with COVID-19](#)

**Quarantine** is used to keep someone *who might have been exposed to COVID-19* away from others.

Quarantine helps prevent spread of disease that can occur before a person knows they are sick or if they are infected with the virus without feeling symptoms. People in quarantine should stay home, separate themselves from others, monitor their health, and follow directions from their state or local health department.

Quarantine or isolation: What's the difference?

**Quarantine** keeps someone who might have been exposed to the virus away from others. [Isolation](#) keeps someone who is infected with the virus away from others, even in their home.

Who needs to quarantine?

- People who have been in close contact with someone who has COVID-19—excluding people who have had COVID-19 within the past 3 months.
- People who have tested positive for COVID-19 do not need to quarantine or get tested again for up to 3 months as long as they do not develop symptoms again. People who develop symptoms again within 3 months of their first bout of COVID-19 may need to be tested again if there is no other cause identified for their symptoms.

What counts as close contact?

- You were within 6 feet of someone who has COVID-19 for a total of 15 minutes or more
- You provided care at home to someone who is sick with COVID-19
- You had direct physical contact with the person (hugged or kissed them)
- You shared eating or drinking utensils
- They sneezed, coughed, or somehow got respiratory droplets on you

### Steps to Take

Stay home and monitor your health

- Stay home for 14 days after your last contact with a person who has COVID-19
- Watch for fever (100.4°F), cough, shortness of breath, or [other symptoms](#) of COVID-19
- If possible, stay away from others, especially people who are at [higher risk](#) for getting very sick from COVID-19

When to start and end quarantine

You should stay home for 14 days after your last contact with a person who has COVID-19.

**For all of the following scenarios, even if you test negative for COVID-19 or feel healthy, you should stay home (quarantine) since symptoms may appear 2 to 14 days after exposure to the virus.**

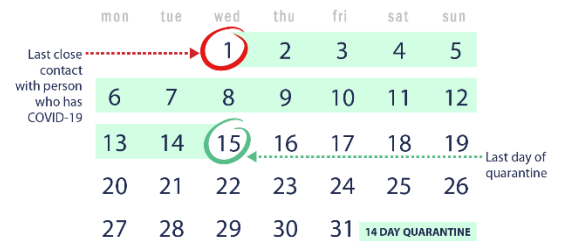
See scenarios below to determine when you can end quarantine and be around others.

#### Scenario 1: Close contact with someone who has COVID-19—will not have further close contact

I had close contact with someone who has COVID-19 and will not have further contact or interactions with the person while they are sick (e.g., co-worker, neighbor, or friend).

Your last day of quarantine is 14 days from the date you had close contact.

Date of last close contact with person who has COVID-19 + 14 days = end of quarantine



Please note if your quarantine starts at noon on day 1, then it would end at noon on the last day.

#### Scenario 2: Close contact with someone who has COVID-19—live with the person but can avoid further close contact

I live with someone who has COVID-19 (e.g., roommate, partner, family member), and that person has isolated by staying in a separate bedroom. I have had no close contact with the person since they isolated.

Your last day of quarantine is 14 days from when the person with COVID-19 began home isolation.

Date person with COVID-19 began home isolation + 14 days = end of quarantine



Please note if your quarantine starts at noon on day 1, then it would end at noon on the last day.

#### Scenario 3. Under quarantine and had additional close contact with someone who has COVID-19

I live with someone who has COVID-19 and started my 14-day quarantine period because we had close contact. What if I ended up having close contact with the person who is sick during my quarantine? What if another household member gets sick with COVID-19? Do I need to restart my quarantine?

Yes. You will have to restart your quarantine from the last day you had close contact with anyone in your house who has COVID-19.



Please note if your quarantine starts at noon on day 1, then it would end at noon on the last day.

**Any time a new household member gets sick with COVID-19 and you had close contact, you will need to restart your quarantine.** Date of additional close contact with person who has COVID-19 + 14 days = end of quarantine

**Scenario 4: Live with someone who has COVID-19 and cannot avoid continued close contact**

I live in a household where I cannot avoid close contact with the person who has COVID-19. I am providing direct care to the person who is sick, don't have a separate bedroom to isolate the person who is sick, or live in close quarters where I am unable to keep a physical distance of 6 feet.

You should avoid contact with others outside the home while the person is sick, and quarantine for 14 days after the person who has COVID-19 meets the [criteria to end home isolation](#).

Date the person with COVID-19 ends home isolation + 14 days = end of quarantine



Last Updated Sept. 10, 2020

Content source: [National Center for Immunization and Respiratory Diseases \(NCIRD\)](#), [Division of Viral Diseases](#)

**Testing of Students and Staff**

**CDC does not recommend universal testing of all students and staff.**

Interim Considerations for K-12 School Administrators for SARS-CoV-2 Testing Updated June 30, 2020

These interim considerations are based on what is currently known about SARS-CoV-2 and COVID-19 as of the date of posting, June 30, 2020. The US Centers for Disease Control and Prevention (CDC) will update these considerations as needed and as additional information becomes available. Please check [CDC website](#) periodically for updated interim guidance.

**Note: This information is intended to provide considerations on the appropriate use of testing and does not dictate the determination of payment decisions or insurance coverage of such testing, except as may be otherwise referenced (or prescribed) by another entity or federal or state agency. CDC is a non-regulatory agency; therefore, the information in this document is meant to assist K-12 schools in making decisions rather than establishing regulatory requirements.**

As some communities in the United States open K-12 schools, CDC offers [considerations](#) for ways in which schools can help protect students and staff and slow the spread of SARS-CoV-2, the virus that causes coronavirus disease 2019 (COVID-19). [Testing to diagnose COVID-19](#) is one component of a comprehensive strategy and should be used in conjunction with [promoting behaviors that reduce spread](#), [maintaining healthy environments](#), [maintaining healthy operations](#), and [preparing for when someone gets sick](#).

Schools should determine, in collaboration with [state, tribal, territorial, and local health officials](#), and, in the case of K-12 schools operated by the federal government (e.g., K-12 schools for Department of Defense [DoD Dependents]) appropriate federal health officials, whether to implement any testing strategy, and if so, how to best do so. These CDC considerations are meant to supplement—**not replace**—any federal, state, local, territorial, or tribal health and safety laws, rules, and regulations with which schools must comply. Implementation should be guided by what is feasible, practical, and acceptable and be tailored to the needs of each community.

Symptom screening and testing are strategies to identify individuals with COVID-19. In addition to screening and testing, [contact tracing](#) is an effective disease control strategy that involves investigating cases and their contacts—typically by asking individuals to [isolate and contacts to quarantine](#) at home voluntarily. Screening, testing, and contact tracing are actions that can be taken to slow and stop the spread of transmission of COVID-19. These strategies must be carried out in a way that protects privacy and confidentiality consistent with applicable laws and regulations. In addition to state and local laws, regulations and guidance, school administrators should follow guidance from the Equal Employment Opportunity Commission when offering SARS-CoV-2 testing to employees and staff. Schools also should follow guidance from the U.S. Department of Education on the [Family Educational Rights and Privacy Act \(FERPA\)](#) [pdf icon](#) [external icon](#) and its applicability to students and COVID-19 [contact tracing](#) and testing.

While schools play a role in identifying students, faculty, and staff who have COVID-19 symptoms or who have had recent known or potential exposure to SARS-CoV-2, school staff are not expected to directly administer SARS-CoV-2 tests. In some circumstances, school-based healthcare providers (e.g., school nurses, physicians) may conduct SARS-CoV-2 testing in their capacity as healthcare providers, such as in school-based health centers. Not every school-based healthcare provider will have the resources or training to conduct testing, and accordingly, should not feel compelled to do so; these providers can help link students and their families and staff to other opportunities for testing in the community.

### **Types of tests to identify SARS-CoV-2, the virus that causes COVID-19**

- [Viral tests](#) approved or authorized by the Food and Drug Administration (FDA) are recommended to **diagnose current infection** with SARS-CoV-2, the virus that causes COVID-19. Viral tests evaluate whether the virus is present in a respiratory sample. Results from these tests help public health officials identify and isolate people who are infected in order to minimize SARS-CoV-2 transmission.
- [Antibody tests](#) approved or authorized by the FDA are used to **detect a past infection** with SARS-CoV-2. CDC does not currently recommend using [antibody testing](#) as the sole basis for diagnosing current infection. Depending on when someone was infected and the timing of the test, the test may not find antibodies in someone with a current COVID-19 infection. In addition, it is not currently proven whether a positive antibody test indicates protection against future SARS-CoV-2 infection; therefore, antibody tests should not be used at this time to determine if someone is immune.
- CDC recommendations for SARS-CoV-2 testing are based on what is currently known about the virus SARS-CoV-2 and what is known about it continues to change rapidly. [Information on testing for SARS-CoV-2](#) will be updated as more information becomes available.

### **When testing might be needed**

This document describes scenarios when K-12 students or staff may need to have a SARS-CoV-2 [viral test](#), though ultimate determinations for such a test rest with schools, in consultation with local health officials:

- Testing individuals with signs or [symptoms consistent with COVID-19](#)
- Testing asymptomatic individuals with recent known or suspected exposure to SARS-CoV-2 to control transmission

### **Testing individuals with signs or symptoms consistent with COVID-19**

Consistent with [CDC's recommendations](#), individuals with COVID-19 [signs or symptoms](#) should be referred to a healthcare provider for evaluation on whether testing is needed. In some locations, individuals can also visit their state, tribal, territorial or local health department's website to look for the latest local information on testing.

One strategy to identify individuals with COVID-19 symptoms is to conduct symptom screenings, such as temperature screening and/or symptom checking of staff and students. These screenings are one of many different tools schools can use to help lower the risk of SARS-CoV-2 transmission. However, because symptom screenings are not helpful for identification of individuals with COVID-19 who may be asymptomatic or pre-symptomatic or if infected with an unrelated virus, symptom screening will not prevent all individuals with COVID-19 from entering the school. Screenings should be conducted safely and respectfully and in accordance with any applicable privacy laws and regulations. School administrators may use examples of screening methods in CDC's supplemental [Guidance for Child Care Programs that Remain Open](#) as a guide for screening children and CDC's [General Business FAQs](#) for screening staff.

- Schools should immediately [separate students and staff](#) with [COVID-19 symptoms](#) at school by identifying an isolation room or area.
- Individuals who are sick should go home or to a healthcare facility, depending on how severe their symptoms are, and they or their caregivers (in the case of minors) should follow [CDC guidance for caring for oneself](#). Individuals should also watch for [emergency symptoms](#) and seek emergency medical care if symptoms occur.

As part of symptom screening, schools should be prepared to refer symptomatic individuals to an appropriate healthcare provider or testing site. State, Tribal, territorial, and local health officials and/or healthcare providers will determine when [viral testing](#) for SARS-CoV-2 is appropriate. For DoD dependents and personnel, federal or DoD health officials will determine when such testing is appropriate.

### **Testing asymptomatic individuals with recent known or suspected exposure to a person with COVID-19**

SARS-CoV-2 testing is recommended for [all close contacts](#) of persons with COVID-19:

- Because of the potential for asymptomatic and pre-symptomatic transmission of the virus, it is important that [contacts](#) of students or staff with COVID-19 be quickly identified and tested. This is particularly vital for protecting people who are at [increased risk of severe illness](#) from COVID-19. Everyone is at risk for getting COVID-19 if they are exposed to the virus, but some people are more likely than others to become severely ill, which means that they may require hospitalization, intensive care, or a ventilator to help them breathe, or they may even die.
- Additionally, in accordance with state, Tribal, territorial, and local laws and regulations, school administrators should work with local health officials to inform those who have had close contact with a person diagnosed with COVID-19 to stay home and self-monitor for symptoms.
- Healthcare providers or health officials will determine when [viral testing](#) of asymptomatic students or staff for SARS-CoV-2 is appropriate.

### **Testing asymptomatic individuals without known exposure to a person with COVID-19**

Universal SARS-CoV-2 testing of all students and staff in school settings has not been systematically studied. It is not known if testing in school settings provides any additional reduction in person-to-person transmission of the virus beyond what would be expected with implementation of other infection preventive measures (e.g., social distancing, mask, hand washing, enhanced cleaning and disinfecting). **Therefore, CDC does not recommend universal testing of all students and staff.** Implementation of a universal approach to testing in schools may pose challenges, such as the lack of infrastructure to support routine testing and follow up in the school setting, unknown acceptability of this testing approach among students, parents, and staff, lack of dedicated resources, practical considerations related to testing minors and potential disruption in the educational environment.

Content source: [National Center for Immunization and Respiratory Diseases \(NCIRD\)](#), [Division of Viral Diseases](#)

## Triggers for switching to distance learning

El Rancho School has a protocol for monitoring local [COVID-19 data](#) in our community to keep track of the level of community transmission, to make decisions about changes to mitigation strategies, and to help determine whether school closures may be necessary. This includes daily review of official public health data for the community surrounding the school. We contact the state or local Public Health Department for references to local COVID-19 data.

- If a student, teacher, or staff member gets sick they must get a COVID-19 test and quarantine.
- The school will suspend in-person learning to stop or slow the spread of COVID-19, if a student or teacher in that class has a positive COVID-19 test. The teacher and students need to self-isolate as a result of a diagnosis of or exposure to COVID-19. They have a note from their doctor releasing them to work at/attend school.
- In consultation with local officials, establish transparent criteria for when Assess students' special needs (such as continuing education, meal programs, and other services) and develop strategies to address these needs if in-person learning is suspended. El Rancho School does not have Assess students enrolled. We do not have students with special healthcare needs, students experiencing homelessness, migrant students or those with English learners.

## Communication Plans

El Rancho School administration and teachers communicate with families via school email, mobile app push notifications, zoom conference calls, Facebook and Instagram.

Regular communication with families, staff, and other partners include:

- Updates about the status of COVID-19 in the school and community
- Notification when there are COVID-19 cases in the school (when communicating about the health status of students, schools should take care to avoid disclosing personally identifiable information and should follow all applicable privacy requirements, including those of the Family Educational Rights and Privacy Act)
- Explanation of what parents, students, teachers, and staff can expect when returning to school; in particular, communicating about:
  - The importance of staying home when sick and [staying home to monitor symptoms if close contact occurred with a person who tested positive for SARS-CoV-2](#)
  - Considerations for COVID-19 symptom screenings
  - Types of social distancing measures being implemented
  - When students, teachers, staff and/or visitors will be expected to wear masks and whether masks will be available from the school.
  - Everyday [healthy hygiene practices](#) that will be implemented upon reopening (e.g., students, teachers, staff staying home when sick, hand hygiene, cleaning frequently touched surfaces)
- Actions being taken to prevent SARS-Cov-2 transmission in school buildings and facilities
- [Actions that families and households can take to help prevent the spread](#) of COVID-19
- Actions families can take to [manage anxiety about COVID-19](#)
- Decisions about operational status, potential use of virtual learning if COVID-19 cases are identified among students, teachers, or staff, and
- Guidance on [caring for someone who is sick](#) and for [parents, guardians, and caregivers who are sick](#)
- Guidance on how to [reduce stigma](#). Fear and anxiety about a disease can lead to social stigma, which is negative attitudes and beliefs toward people, places, or things

Families and students who had to make alternative arrangements with community providers to receive services (e.g., physical or occupational therapy, speech therapy, mental health services) during periods of



school closures may need additional support and communication to establish a transition plan upon returning to school. Additionally, some families may have experienced significant hardship that now increases the number of students who need or qualify for some services, such as school meal programs. Schools can take actions to identify, support, and communicate with families who need to initiate new services as schools prepare to open. Administrators can work with community partners to plan for additional school-based services and programs during the transition back to normal schedules in anticipation of an increased need for mental health services.

## Promoting Behaviors That Reduce the Spread of COVID-19

### Signs and messages

- We have posted [signs](#) in highly visible locations (e.g., school entrances, restrooms) that [promote everyday protective measures](#) and describe how to [stop the spread](#) of germs (such as by [properly washing hands](#) and [properly wearing a mask image icon](#)). Signs should include visual cues (such as clear, easy-to-understand pictures demonstrating the healthy behaviors) at the appropriate reading and literacy level.
- We use simple, clear, and effective language about behaviors that prevent spread of COVID-19 when communicating with staff and families (such as on school websites, in emails, and through school [social media accounts](#)). If feasible, provide communication in multiple languages.
- We use communication methods that are accessible for all students, faculty, and staff, including those with disabilities.
- We can translate materials into common languages spoken by students, faculty, and staff and people in the school community if needed.
- We have posted freely available CDC print and digital resources on CDC's [communications resources](#) main page. CDC also has [American Sign Language videos](#) related to COVID-19 and other [communication tools](#).

## Maintaining Healthy Environments

School administrators may consider implementing several strategies to maintain healthy environments.

### Ventilation

Our school ventilation systems have been inspected by an experienced Heating, Ventilation and Air Conditioning (HVAC) professional.

Our improvement steps include the following activities:

- Each unit only ventilates 1 cohort's classroom.
- Filters are washed or replaced monthly or sooner if needed.
- We increase outdoor air ventilation, using caution in highly polluted areas.
  - When weather conditions allow, we increase fresh outdoor air by opening windows and doors. We do not open windows and doors if doing so poses a safety or health risk (e.g., risk of falling, triggering asthma symptoms) to children using the facility.
  - We use **fans** to increase the effectiveness of open windows. We have positioned fans securely and carefully in or near windows so as not to induce potentially contaminated airflow directly from one person over another (strategic window fan placement in exhaust mode can help draw fresh air into room via other open windows and doors without generating strong room air currents).
  - In three of our classrooms we have, in addition to heat and air conditioning, portable air conditioners that bring in outside air.

- El Rancho has decrease occupancy in areas where outdoor ventilation cannot be increased.
- Our ventilation systems operate properly and provide acceptable indoor air quality for the current occupancy level for each space.
- We have an increase in total airflow supply to occupied spaces, when possible.
- We do not have demand-controlled ventilation (DCV) controls that reduce air supply based on occupancy or temperature during occupied hours.
- Further open minimum outdoor air dampers to reduce or eliminate HVAC air recirculation. In mild weather, this will not affect thermal comfort or humidity. However, this may be difficult to do in cold, hot, or humid weather.
- Steps taken to improve central air filtration:
  - [Increase air filtration](#) to as high as possible without significantly diminishing design airflow.
  - Inspect filter housing and racks to ensure appropriate filter fit and check for ways to minimize filter bypass.
  - Check filters to ensure they are within service life and appropriately installed.
- We run the HVAC system at maximum outside airflow for 1 hour before and after the school is occupied. We have adjusted our business hours so this is possible.
- Our restroom exhaust fans are functional and are operating at full capacity when the school is occupied.
- We maintain local exhaust ventilation in areas such as restrooms, kitchens, cooking areas, etc.
- We use **portable high-efficiency particulate air (HEPA) fan/filtration systems** to help enhance air cleaning in some classrooms.
- We generate clean-to-less-clean air movement by re-evaluating the positioning of supply and exhaust air diffusers and/or dampers (especially in higher risk areas such as the nurse's office).

### Water systems

The temporary shutdown or reduced operation of schools and reductions in normal water use can create hazards for returning students and staff. To minimize the risk of lead or copper exposure, [Legionnaire's disease](#), and other diseases associated with water, [take steps](#) such as plumbing flushing to ensure that all water systems and features (e.g., sink faucets, drinking fountains, showers, decorative fountains) are safe to use after a prolonged facility shutdown, and [follow EPA's 3Ts, \(Training, Testing, and Taking Action\) for reducing lead in drinking water](#). It may be necessary to conduct ongoing regular flushing after reopening. For additional resources, refer to EPA's [Information on Maintaining or Restoring Water Quality in Buildings with Low or No Use](#). Drinking fountains should be cleaned and sanitized.

### Modified layouts

- Students are spaced seating/desks at least 6 feet apart when feasible.
- All desks are turned to face in the same direction (rather than facing each other), or have students sit on only one side of tables, spaced apart.
- Modified learning stations and activities as applicable so there are fewer students per group, placed at least 6 feet apart if possible.
- Create distance between children on school buses (g., seat children one child per row, skip rows) when possible. El Rancho School does not use buss services.

### Physical barriers and guides

- Install physical barriers, such as sneeze guards and partitions, particularly in areas where it is difficult for individuals to remain at least 6 feet apart (e.g., sign-in desks).

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

### **Communal spaces**

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

### **Food service**

We do not have a food service.

- If food is offered at any event, have pre-packaged boxes or bags for each attendee instead of a buffet or family-style meal.
- Provide tissues and no-touch or foot pedal trash cans, where possible, for employees, volunteers, and students to use.
  - Use disposable food service items (e.g., utensils, trays).
  - Individuals should [wash their hands](#) after removing their gloves or after directly handling used food service items.
- If possible, install touchless payment methods (pay without touching money, a card, or a keypad). Provide hand sanitizer right after handling money, cards, or keypads.
- Of Note: USDA has issued the [COVID-19 Nationwide Waiver to Allow Meal Pattern Flexibility in the Child Nutrition Programs](#).

### **Protections for staff and children at higher risk for severe illness from COVID-19**

- Offer options for staff at [higher risk for severe illness](#) (including older adults and people of all ages with certain underlying medical conditions or disabilities) that limit their exposure risk (e.g., telework, modified job responsibilities that limit exposure risk).
- Offer options for students at [higher risk of severe illness](#) that limit their exposure risk (e.g., virtual learning opportunities).
- Provide inclusive programming for children and youth with special [healthcare needs](#) and [disabilities](#) that allows on-site or virtual participation with appropriate accommodations, modifications, and assistance (e.g., students with disabilities may have more difficulties accessing and using technology for virtual learning).
- Consistent with applicable law, put in place policies to protect the privacy of people at [higher risk for severe illness](#) regarding underlying medical conditions.

### **Regulatory awareness**

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

### **Identifying small groups and keeping them together ([cohorting](#) or podding)**

- El Rancho School has divided students and teachers into **distinct groups that stay together throughout an entire school day** during in-person classroom instruction. Limit mixing between groups such that there is minimal or no interaction between cohorts.

**Alternating schedule** - Our student attendance is 14 per grade level, so alternating scheduled are not needed.

### **Staggered scheduling**

- Stagger student arrival, drop-off, and pick-up time or locations by cohort, or put in place other protocols to limit contact between cohorts and direct contact with parents, guardians, and caregivers as much as possible.
- When possible, use flexible worksites (e.g., telework at home) and flexible work hours (e.g., staggered shifts) to help establish policies and practices for social distancing (staying at least 6 feet apart).

### **Mix of virtual learning and in-class learning (hybrid schedule)**

- Hybrid options can apply a cohort approach to the in-class education provided.

### **Virtual/at-home only**

- Students and teachers engage in virtual-only classes, activities, and events.

### **Gatherings, visitors, and field trips**

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

### **Designated COVID-19 point of contact**

- Our Principal, Holly Olson, is responsible for responding to COVID-19 concerns. All school staff and families know who this person is and how to contact her.

### **Travel and transit**

- Encourage students, faculty and staff who use public transportation or ride sharing to follow CDC guidance on how to protect yourself when using. Additionally, encourage them to commute during less busy times and clean their hands as soon as possible after their trip.

### **Communication systems**

Systems put in place for:

- Staff and families should self-report to the school if they or their student have [symptoms](#) of COVID-19, a positive test for COVID-19, or were exposed to someone with COVID-19 within the last 14 days. The reporting system should be consistent with the [health information sharing regulations for COVID-19](#) (e.g. see “Notify Health Officials and Close Contacts” in the **Preparing for When Someone Gets Sick section below**) and other applicable federal and state laws and regulations relating to privacy and confidentiality, such as the Family Educational Rights and Privacy Act (FERPA). The communication methods should be accessible for all students, faculty and staff, including those with disabilities and limited English proficiency (e.g., use interpreters and translated materials)

- Notifying staff, families, and the public of school closures and any restrictions in place to limit COVID-19 exposure (e.g., limited hours of operation).

### **Leave (time off) policies and excused absence policies**

- We have implemented 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 be flexible and not punish people for taking time off and should allow sick employees to stay home and away from co-workers. Leave policies should also account for employees who need to stay home with their children if there are school or childcare closures, or to care for sick family members. Additional flexibilities might include giving advances on future sick leave days and allowing employees to donate sick leave to each other, for example.
- Develop policies for return-to-school after COVID-19 illness. CDC's [criteria to discontinue home isolation and quarantine](#) can inform these policies.

### **Back-up staffing plan**

We monitor absenteeism of students and employees, cross-train staff, and create a roster of trained back-up staff. We have a substitute teacher list and substitute plans.

### **Staff training**

- Staff has been trained on all safety protocols and signed the document stating that they understand and will follow the training.
- Conduct training virtually or ensure that [social distancing](#) is maintained during training.

### **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.
- Transparently communicate with staff, teachers, students, and families, including about mental health support services available at the school. These critical communications should be accessible to individuals with disabilities and limited English proficiency.
- Share facts about COVID-19 regularly through trusted sources of information to counter the spread of misinformation and mitigate fear.
- Consider posting signages for the national distress hotline: 1-800-985-5990, or text TalkWithUsto 66746
- Ensure continuity of mental health services, such as [offering remote counseling](#).
- [Encourage](#) students to call 911 or the National Suicide Prevention Lifeline at 1-800-273-TALK (1-800-273-8255), 1-888-628-9454 for Spanish, or [Lifeline Crisis Chatexternal icon](#) if they are feeling overwhelmed with emotions such as sadness, depression, anxiety, or feel like wanting to harm themselves or others.

### **Prepare for when someone is sick with COVID-19**

Schools may consider implementing several strategies to prepare for when someone is sick with COVID-19.

#### **Advise staff and families of students sick with COVID-19 of home isolation criteria**

Sick staff members or students should not return until they have met CDC's [criteria to discontinue home isolation](#).

### **Make sure that staff and families know when they should stay home**

Make sure that staff and families know that they (staff) or their children (families) should not come to school, and that they should notify school officials (e.g., the designated COVID-19 point of contact [e.g., school nurse]) if they (staff) or their child (families) test positive for COVID-19 or have been [exposed](#) to someone with COVID-19 symptoms or a confirmed or suspected case. These critical communications should be accessible to individuals with disabilities and limited English proficiency.

### **Isolate and transport students who develop symptoms while at school**

Some students may develop symptoms of infectious illness while at school. Schools should take action to isolate students who develop these symptoms from other students and staff. Follow the school isolation protocol outlined in [Screening K-12 Students for Symptoms of COVID-19: Limitations and Considerations](#) when student develops symptoms of an infectious illness.

- **Clean and disinfect**

- Close off areas used by a sick person and do not use these areas until after [cleaning and disinfecting](#) them. For outdoor areas (e.g., playgrounds, sitting areas, outdoor eating areas, etc.), this includes surfaces or shared objects in the area, if applicable.
- Wait at least 24 hours before cleaning and disinfecting. If 24 hours is not feasible, wait as long as possible. Ensure [safe and correct use](#) and storage of [cleaning and disinfection products](#), including storing products securely away from children.

### **Notify health officials and close contacts**

In accordance with state and local laws and regulations, school administrators should notify [local health officials](#), staff, and families immediately of any case of COVID-19 while maintaining confidentiality in accordance with the [Americans with Disabilities Act \(ADA\)](#) and [FERPA](#) or and other applicable laws and regulations.

- Inform those who have had [close contact](#) with a person diagnosed with COVID-19 to stay home and [self-monitor for symptoms](#), and follow [CDC guidance](#) if symptoms develop. Maintain confidentiality as required by the [Americans with Disabilities Act \(ADA\)](#) and Family Educational Rights and Privacy Act (FERPA) or and other applicable laws and regulations.
- A school might need to implement short-term building closure procedures **if/when an infected person has been on campus during their infectious period** and has close contact with others. If this happens, **work with local public health officials to determine next steps**. One option is an initial short-term class suspension and cancellation of events and activities (e.g., assemblies, spirit nights, field trips, and sporting events) to allow time for local health officials to gain a better understanding of the COVID-19 situation and help the school determine appropriate next steps, including whether such a suspension needs to be extended to stop or slow further spread of COVID-19. In situations where schools are cohorting students (e.g., in pods) administrators may choose to close the building in places (e.g., classrooms, common areas) where others were exposed to the infected person. In the event that local health officials do not recommend building or classroom closures, thoroughly cleaning the areas where the infected person spent significant time should be considered.
- Local health officials' recommendations whether to suspend school or events and the duration such suspensions should be made on a case-by-case basis using the most up-to-date information about COVID-19 and taking into account local case-counts, and the degree of ongoing transmission in the community.

## Students with disabilities or special healthcare needs

### Plan for accommodations, modifications, and assistance for children and youth with disabilities and special healthcare needs.

A customized and individualized approach for COVID-19 may be needed for children and youth with disabilities who have limited mobility; have difficulty accessing information due to visual, hearing, or other limiting factors; require close contact with direct service providers; have trouble understanding information; have difficulties with changes in routines; or have other concerns related to their disability. This approach should account for the following:

- Education should remain accessible for children in special education who have a 504 Plan or Individualized Education Program.
- Social distancing and isolating at school may be difficult for many people with disabilities.
- Wearing [masks](#) may be difficult for people with certain disabilities (e.g., visual or hearing impairments) or for those with sensory, cognitive, or behavioral issues.
- Students may require assistance or visual and verbal reminders to cover their mouth and nose with a tissue when they cough or sneeze, throw the tissue in the trash, and wash their hands afterwards.
- Where service or [therapy animals](#) are used, use guidance to [protect the animal from COVID-19](#).
- [Cleaning and disinfecting](#) procedures may negatively affect students with sensory or respiratory issues.
- Students may require assistance or supervision [washing](#) their hands with soap and water for at least 20 seconds or using a hand sanitizer (containing at least 60% alcohol).
- [Cleaning and disinfecting](#) personal belongings, school objects, or surfaces may require assistance or supervision.
- Behavioral techniques can help all students, adjust to changes in routines and take preventive actions. These techniques may be especially beneficial for some children with disabilities and may include modeling and reinforcing desired behaviors and using picture schedules, timers, and visual cues. Organizations that support individuals with disabilities have information and resources to help schools with these behavioral techniques. In addition, behavioral therapists or local mental health or behavioral health agencies may be able to provide consultation for specific concerns.