FALL RIVER PUBLIC SCHOOLS

2020-2021 SCHOOL REOPENING PLAN

1ST DRAFT

INITIAL DYNAMIC PLANNING DOCUMENT FOR DISCUSSION WITH THE SCHOOL COMMITTEE

Draft Prepared and Presented by Matthew H. Malone, Ph.D., Superintendent of Schools July 20, 2020
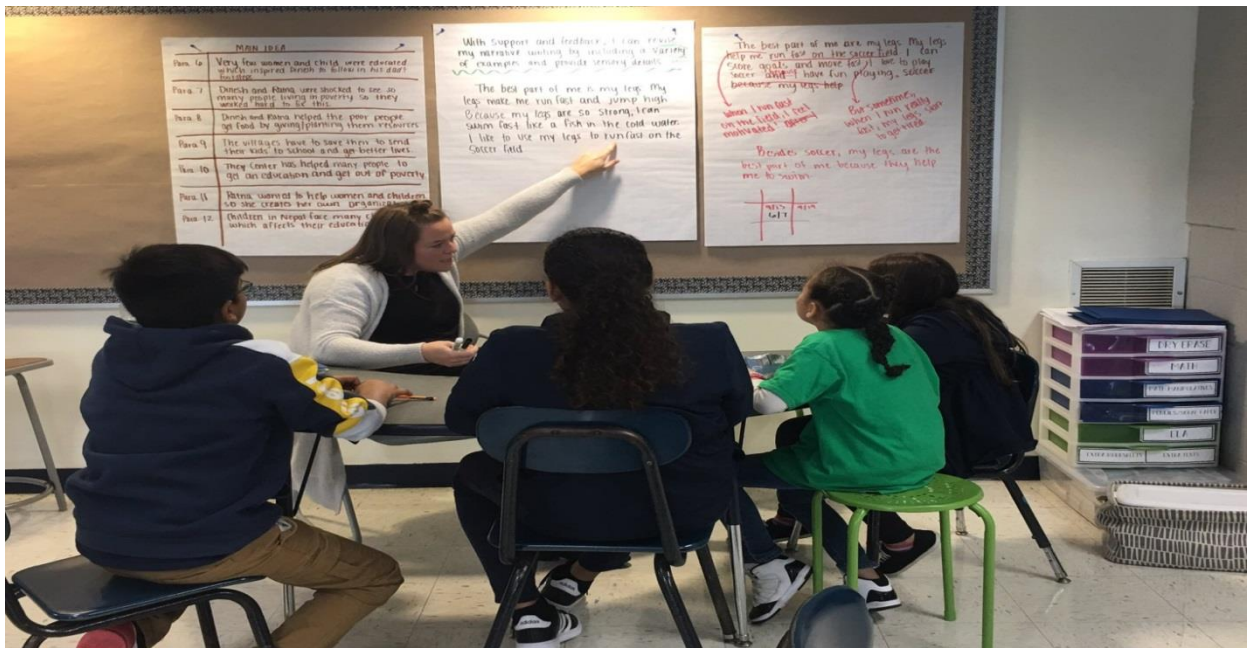
Fall River Public Schools SY20 Reopening Plan

Dear School Committee,

Your leadership and governance of the Fall River Public Schools during the duration of the continued COVID-19 pandemic has been exceptional. As your Superintendent, I can tell you with confidence that because of your leadership and guidance, the Fall River Public Schools is well-positioned to effectively operate within and overcome any possible crisis contingency that confronts our school system. Now, as we are tasked with the reopening of our schools for learning, your stewardship and teamwork will be continually challenged, but I know that you will answer with aplomb.

Nothing we knew about schooling prior to the COVID-19 school shutdown will be the same. Everything has changed. As we plan to reopen schools for learning, we will need to totally transform how we have conducted all facets of school operations. In his Renaissance-era treatise on leadership, The Prince, Italian philosopher, Nicolo Machiavelli wrote *"It ought to be remembered that there is nothing more difficult to take in hand, more perilous to conduct, or more uncertain in its success, than to take the lead in the introduction of a new order of things"* (1513). From the outset of our reopening planning, we must acknowledge that this is the most difficult work we have ever had to do. There is no script and no easy solutions; we will truly be taking "*the lead in the introduction of a new order of things.*" School as we know it will be forever changed.

This is a 1st draft of a dynamic plan for the reopening of the Fall River Public Schools on September 1, 2020. This is a first-read document of initial planning, conversation, and feedback from the School Committee as we work towards more formal development of a concrete reopening plan. This document is not a formal proposal nor is it a definitive planning document. Instead, this is my current and best initial thinking for how FRPS could approach the reopening of our schools given all of the state guidance, the feedback of professionals, practitioners, parents, students, and others, as well the necessary clear and common-sense approach to safety of our students and employees. **We know DESE guidance will change and we will be prepared to shift as needed.**

This document will frame the current work up to this point and serve as a foundation for the more detailed and nuanced details of a final reopening plan. This document provides an analysis of our current and future state as well as a suggested path forward for opening. It also includes a myriad of documents in the appendix that we will continue to reference as we rethink our planning. This document is organized to include the overarching intent of reopening, the context of planning, operations analysis, three scenario options, proposed pathway to reopening, and appendix documents.

In the spirit of teamwork and in recognition of the collective wisdom and judgment of the school committee, I look forward to continuing our work together to meet the needs of the students whom we serve and the adults who we task with this responsibility. Clearly, your guidance and direction will frame the work to follow as we finalize a final plan for the reopening of the Fall River Public Schools.

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Context of Our Planning

The Fall River Public Schools has been closed since March 17, 2020. Following closure, we engaged students using remote learning practices while continuing school closure operations. On June 25, 2020, the Governor of Massachusetts, Charlie Baker, through the Massachusetts' Department of Elementary and Secondary Education (DESE), released initial guidance for the reopening of schools in Massachusetts. Governor Baker, in conjunction with Commissioner Riley has established guidance with the clear priority for getting ALL students back to school for in-person (aka face-to-face) learning, while keeping the health and safety of both students and employees at the forefront of planning and allowing for decision making at the local level. Each school district in Massachusetts is now required to develop a local district plan to support three models of reopening: 1) a plan for in-person schooling 2) a hybrid model of in-person schooling coupled with remote learning, and 3) a plan for fully remote learning. DESE has rightfully required each district to perform their own in-depth analysis of scheduling, safety, operational, and instructional responsibilities for these three models, including a pressure test to determine space constrictions related to the social distance parameters outlined in the guidance. Flexibility and fluidity are key contextual attributes articulated throughout the guidance, and it has been made clear to us that said guidance is subject to change based on medical or scientific developments on the ground in relation to the COVID-19 Pandemic. DESE has requested districts to upload their three-scenario plans on July 31, 2020.

Specifically, DESE has directed the following: **Districts will submit their reopening plans to DESE through a two-step process:**

- **Step 1: By July 31**, districts must complete and submit a ***preliminary reopening plan summary*** to DESE. Districts will fill out an on-line form that consists of two parts, which are outlined below and detailed later in this document. This form will allow DESE to collect key summary information about districts' reopening models and other planning considerations.
- **Step 2: By August 10**, districts must finalize their ***comprehensive plan documents***, submit them to DESE, and release them publicly to their communities. This additional time will provide districts with an opportunity to incorporate any desired changes based on additional guidance DESE may release later in July, such as guidance on transportation and athletics.

Superintendent's Intent

Our school system will reopen for learning on Tuesday, September 1, 2020. Our goal is to open as safely as we can, with as many students as possible back in school for face-to-face (F2F) learning, providing all necessary and needed supports, and taking extraordinary (COVID-19 safety) measures in order to minimize risk and further student learning. Safety will always be paramount, as our students and our employees remain our greatest assets. We will improve student achievement in academics and social-emotional learning domains while increasing student growth and development. To accomplish this, our most vulnerable students will be at the forefront of our planning; these students will include our students with disabilities, our English learners, and those included in our previously identified Lowest Performing 25%. We will develop and articulate one reopening plan designed to support three potential opening contingencies: 100% in-person, face-to-face learning;

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100% remote-learning operations; a hybrid option blending the first two scenarios. As your Superintendent, working with our Reopening Task Force, Senior Staff, our Executive Team, the inclusive and diverse Community Advisory Committee, and based on the advice of medical/scientific experts, state guidance, and ongoing conversations with state leadership, state associations, and labor union leadership, I will propose to School Committee one cogent, practical, and strategic plan for opening. The core values of equity, access, justice, and achievement will drive our planning and reopening operations to ensure that we are prepared to meet the needs of ALL of our learners. Our reopening plan is designed to provide nimble flexibility, enabling us to adapt and adjust as the pandemic at ground level changes the context of our ability to provide a safe environment for learning and teaching.

Informed and Inclusive Planning

FRPS has been engaged in ongoing planning through each phase of our closure operations since March 17, 2020. At the present time, we are ramping up our planning efforts in conjunction with the newly released school reopening guidance as we prepare for reopening schools on September 1, 2020. As such, we have established and tasked two formal work groups with activities related to the required development of detailed plans for the reopening scenarios. In tandem with the efforts of these teams, our Operations Team has been working at the school sites to pressure test each potential reopening scenario. Our detailed planning is informed by:

- Recommendations from a 60-member School Reopening Task Force, including FRPS Students, Teachers, Administrators, and Central Office Staff
- Recommendations from a representative School Reopening Community Advisory Committee, including
- Fall River FLEX Academy Planning Team, including FRPS Teachers, Administrators, and Central Office Staff
- Analysis of Student, Staff, and Parent/Guardian Survey Data
- On-going weekly discussion and sense-making around the guidance with teams from DESE and alongside statewide district leaders in the Massachusetts Association of School Superintendents (MASS)

FRPS began its official reopening planning on July 1, 2020. At that time, our Fall River Flex Academy design team met to outline a plan for the architecture and content of our new remote learning tool. On the same day, our 60-member School Reopening Task Force met to begin formulating a series of specific recommendations based on the DESE guidance for the reopening of the Fall River Public Schools. Work groups were established and formalized with leaders, co-leaders, and other members, and additional meetings were scheduled for planning in each of the following five areas:

- Facilities and Operations
- Health/Medical Management
- Social Emotional Learning/Crisis Response
- Athletics, Extracurricular, Arts, and Enrichment Activities

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- School (Learning & Teaching)

Each of the Task Force teams was asked to consider a variety of factors as they planned for reopening. Recommendations from each team are included as an appendix to this document. Said recommendations were incorporated into the tentative initial planning that follows to the extent possible. As the work continues and we receive targeted feedback and refined planning, the recommendations will be used to develop the more detailed and granular final reopening plan document.

The tentative timeline for District planning and information sharing is as follows:

July 1 - July 16	Workgroup planning with recommendations & district reopening plan designed
July 16 - July 20	Preparation of DRAFT Reopening Plan for presentation to the School Committee & general public
July 20	Superintendent presentation of DRAFT Reopening Plan to the School Committee
July 23	Meeting of the School Reopening Community Advisory Committee
July 24 - July 30	Ongoing plan revisions in consideration of community and workgroup feedback
July 31	Submission of tentative district plan to DESE
August 10	Presentation of updated draft of the FRPS Reopening Plan, inclusive of the Superintendent's final proposed model to the School Committee which will then be submitted to DESE.

Note: From final draft to the actual first day of school (9/1/20), updated guidance and current state of COVID-19 pandemic will dictate potential changes to our plan.

Scenario Planning: DESE has identified the following required components of district/school reopening plans:

> *Each district and school will need to plan for three possibilities on the continuum of reopening: 1) in-person learning with new safety requirements; 2) a hybrid of in-person and remote learning; and 3) remote learning. In addition, all districts/schools will also need a focused plan for serving special student populations across each of these models.*

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For the purpose of our planning, we used an anticipated student enrollment number of 10,406 students which is the midpoint of our October 1, 2019 enrollment and our highest daily enrollment of the 2019-2020 school year. We used this number for student enrollment in our pressure testing of space possibilities at school sites for both 3 foot social distancing and 6-foot social distancing in classrooms. We used the DESE space matrix tool for classroom spacing to assess our ability to fit students into classroom at both 3 and 6 feet. As the table below illustrates, using the 3-foot social distance spacing suggested in the DESE guidance, we can fit 100% of our students into our classrooms IF we use all available classroom space AND make some modifications for space not currently utilized for classrooms. For example, we would use art rooms and other shared space to serve as classrooms for those rooms that would have overflow numbers of students unable to meet the restrictions of space with 3-foot distancing.

School Name	Projected Enrollment	Potential Student Population 3 feet	Difference	Potential Student Population 6 feet	Difference
John J. Doran Community School	503	958	455	458	(45)
Mary L. Fonseca Elementary School	658	896	238	525	(133)
William S. Greene Elementary School	742	870	128	598	(144)
Matthew J. Kuss Middle School	728	1,242	514	850	122
Letourneau Elementary School	634	755	121	448	(186)
Henry Lord Community School	807	1,088	281	531	(276)
Morton Middle School	626	1,079	453	670	44
Resiliency Preparatory Academy	298	524	226	260	(38)
Spencer Borden Elementary School	578	631	53	368	(210)
Frank M. Silvia Elementary School	786	1,077	291	688	(98)
Stone K-12 Day School	77	84	7	178	101
Talbot Middle School	562	1,119	557	531	(31)
James Tansey Elementary School	300	405	105	176	(124)
Carlton Viveiros Elementary School	744	861	117	493	(251)
Samuel Watson Elementary School	253	297	44	209	(44)
B.M.C. Durfee High School	2,110	5,427	3,317	2,018	(92)
Totals	10,406	17,313	6,907	9,001	(1,405)

As the table also illustrates, using the 6-foot spacing suggested by the CDC (https://www.cdc.gov/coronavirus/2019-ncov/community/schools-childcare/schools-faq.html) using all available space used in the 3-foot scenario, we would only be able to fit slightly less than 90% of our students into our classrooms. Thus, for our 100% in-person reopening plan, the only way to accomplish it is to use 3-foot spacing and use all available space to that "specials" (non-core academic courses) and electives move to each classroom cohort rather than taught in their own classroom.

*Although the matrix formula gives us the proper spacing for 3-foot distancing, we don't have total confidence in the numbers. We actually physically set up desk spacing at both 3-feet and 6-feet in the following schools; Spencer-Borden, Vivieros, Watson, Fonseca and Greene. Through this methodology, we found that given other factors that the matrix does not take into account (examples, book cases, furniture type, etc.,); we could only seat 22 students at 3-foot distancing in these schools. Thus, even at 3-foot spacing, some classrooms and some schools would not be able to meet their student enrollment and therefore, we would need to repurpose space internally or use a bifurcated

model. Again, total number of students selecting 100% remote learning model will determine class size spacing needs.

An example of our planning, this is what 3-foot distancing looks like at Greene Elementary School:

An example of our planning, this is what 6-foot distancing looks like at Fonseca Elementary School:

At Kuss Middle School, e.g., the general classroom dimensions are 28'x30'. Using the DESE Parametric Dashboard, we were able to calculate the classroom capacity for students and teacher while maintaining a 6-foot distance between work spaces. The following diagram of student seating shows the capacity for a room that size at 17 students and 1 teacher.
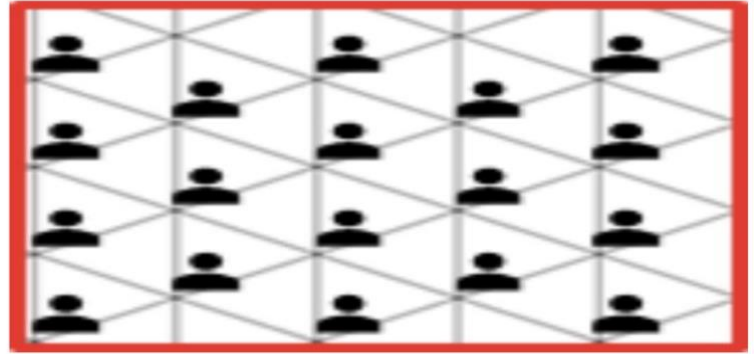
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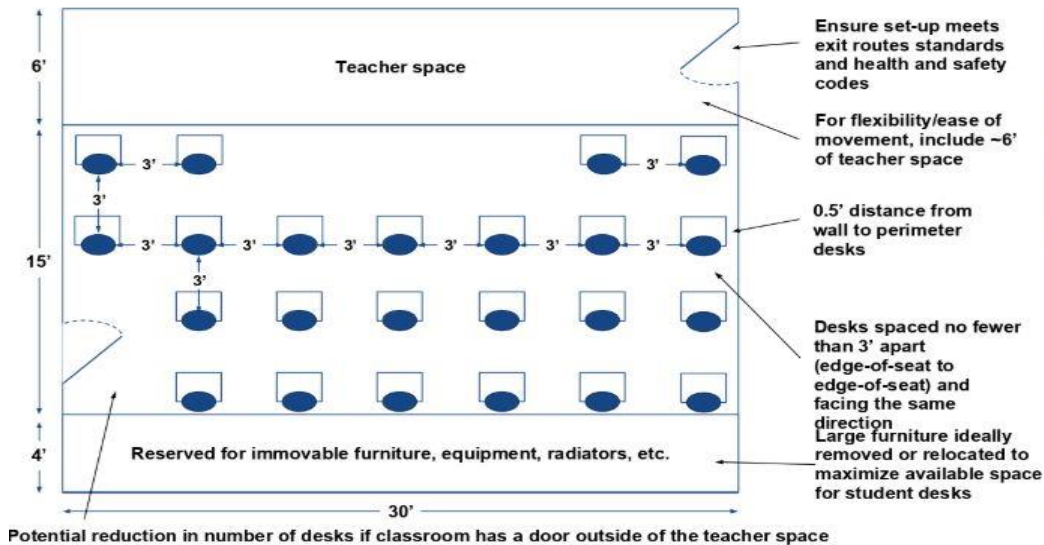
5x4/3 isometric grid (@ 8')

18 seats
- 1 teacher space/s
= 17 student capacity

Example A4: Fits ~23 individual desks with 3' physical distancing
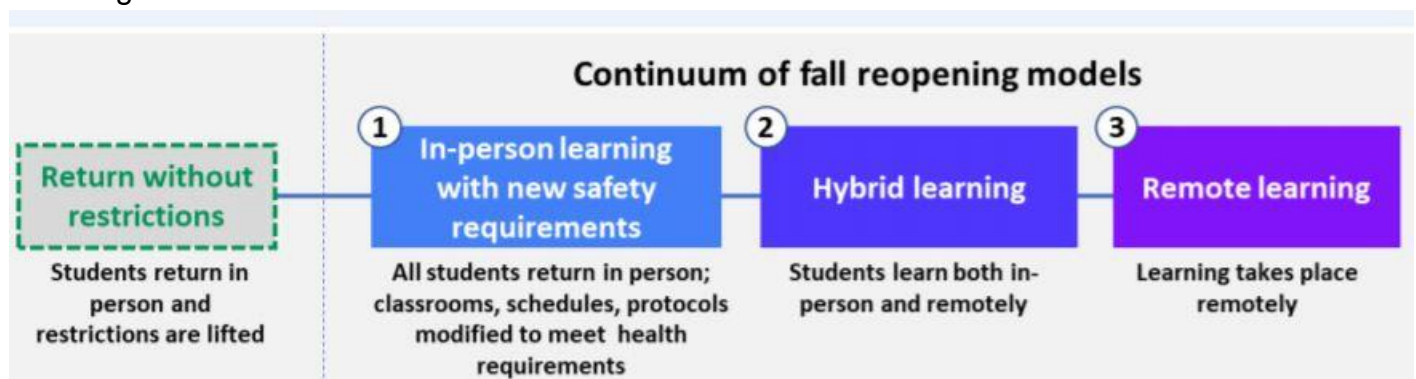(Dimensions: 750 sq. ft., 25' x 30')

Teacher space

Ensure set-up meets exit routes standards and health and safety codes

For flexibility/ease of movement, include ~6' of teacher space

0.5' distance from wall to perimeter desks

Desks spaced no fewer than 3' apart (edge-of-seat to edge-of-seat) and facing the same direction

Large furniture ideally removed or relocated to maximize available space for student desks

Reserved for immovable furniture, equipment, radiators, etc.

- Estimated 750 ft² capacity: ~23 students
- Capacity estimates will vary depending on classroom shape, desk size/type, immovable furniture, storage capabilities, etc.
- In this scenario, calculated 3' distance based on edge-of-seat to edge-of seat (desk-to-desk measurement would decrease classroom capacity)[1]

[1] Assumed 1.5' seat width, 2' desk width

Potential reduction in number of desks if classroom has a door outside of the teacher space

By July 31, 2020, DESE has directed each school system to upload their three-scenario plans to their on-line template. Our tentative draft reopening plans for each required scenario are described in the following:

Continuum of fall reopening models

Return without restrictions
Students return in person and restrictions are lifted

1 In-person learning with new safety requirements
All students return in person; classrooms, schedules, protocols modified to meet health requirements

2 Hybrid learning
Students learn both in-person and remotely

3 Remote learning
Learning takes place remotely

***Scenario 1 - In-person learning with new safety requirements:* The goal is to get as many students as possible back into schools for in-person learning—safely.** In this model, FRPS

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students will return for in-person learning in school settings modified to ensure the safe return of as many students as possible, while adhering to outlined safety requirements.

FRPS, using the 3-foot spacing, can reopen with 100% of students able to attend in-person classroom instruction.

PROS:

- ALL of our students will return to in-person face-to-face instruction.
- We will be best positioned to address critical learning gaps that have likely widened during school closure.
- Both academic and SEL supports will be provided as direct services to students on a daily basis.
- A typical school operational day is the gold standard for teaching and learning.

CONS:

- We will employ 3-feet distances which is less than the CDC recommended 6-foot spacing of student desks for social distancing.
- Using 3-foot distancing on bus transportation will likely increase our route needs by 66%, meaning we would need double the number of runs that we currently have. There will be excessive costs needed to provide same level of transportation with this option.
- The feedback from our reopening task force does not support 3-foot spacing.
- School schedule and program offerings to include specials and food service operations will be potential problem areas needing refined review.

Scenario 2 - Hybrid learning: **In this model, students learn both in-person and remotely.** FRPS will utilize this option in the event we are unable to bring all students back to school under the health and safety requirements despite our best efforts, or in case of COVID-19 related circumstances. In this model, FRPS students will be assigned to cohorts and alternate between in-person and remote learning opportunities on a regular schedule.

FRPS, using the 6-foot spacing, can reopen in a hybrid model of in-person and remote learning.

PROS:

- 6-foot spacing meets the CDC recommended guidelines.
- Students attend school in-person and remotely so that learning is continuous throughout the school year and not interrupted.
- Using 3-foot distancing on bus transportation coupled with the hybrid model, with the exception of some specialized transportation, we will be able to transport students to and from school using the current routes with minimal additional cost.

- School schedules and program offerings to include specials and food service operations would be able to operate as close to normal and within the established safety guidance.

CONS:

- The hybrid model is the most disruptive for families and childcare.
- Scheduling cohorts of students for learning and associated activities (clubs & sports) will add potential burden to families and schools.
- Remote learning has been a challenge and the efficacy of the model we used in Winter/Spring 2020 is one we can improve upon. Without substantial improvement to our remote learning platform, achievement gaps may widen during the remote learning portion of the hybrid model. See appendix re: FRPS FLEX
- Coordinating the coherence of the in-person instruction vs the remote instruction will require time, resources, and professional development to align in the goal of seamless delivery.

Scenario 3 - Remote learning: **In this model, students learn remotely with no in-person component of the plan.** FRPS will make this model available for individual students who cannot yet return in-person, and for all students in the event of future classroom or school closures due to COVID-19. No matter what option we choose for school reopening, the one consistent standard is the need for a remote learning platform. Knowing this, FRPS has been developing a new remote learning platform that we have named "FLEX Learning Academy". Specific information regarding FLEX is outlined in the appendix. Our goal is for this platform to "go live" on September 1, 2020, and designed to meet multiple usage options.

In the remote learning model, we will have the ability to continue student learning no matter the contingency. If the system is shut down due to state closure for any reason (COVID-19 spread as an example), faculty and staff would continue the learning as they worked from home. However, using this scenario for 100% remote learning with current COVID-19 conditions (Gov Baker Phase III), faculty and staff would report to their school buildings and conduct remote learning teaching from their classrooms or offices. Paras would support and SEL staff would do same. The situation will dictate in this model and we will have the ability to move along the reopening continuum to meet the conditions.

PROS:

- It is the safest model possible from a medical and scientific perspective.
- Potential for student can learn at their own discretion 24/7/365.
- As a result of our Verizon Learning Grant program, every single middle school student will be provided with a take home Chromebook and internet connectivity.
- It provides parents with a known structured schedule for childcare planning (as does the hybrid model).

CONS:

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- Fully remote learning has not been as successful for FRPS as full in-person learning.
- Based on survey and other data including the VILS grant, we anticipate approximately 10% of our students will not have internet connectivity in 20/21 school year. We will need to expend approximately $400k to purchase 1000 "hotspot" devices for internet connectivity. *Note: this is true for the hybrid model as well and we have applied for a DESE grant to cover the cost.*
- Additional professional development and curriculum/content creation will be required.
- We will need to purchase devices and connectivity for faculty and staff for the purpose of synchronous instruction IF the system is shut down and closed due to COVID-19 spread.

Transportation Operations:

We have approached all of our reopening planning through the lens of student and adult safety – specifically reviewing the nuances of our operating procedures to determine the efficacy of our ability to open. For example, the space matrix we used to pressure test our ability for full 100% in-person learning and the hybrid model based on both 3-foot and 6-foot distancing provides us with valuable real-world data to inform our decision making for planning. Similarly, the critical area of student transportation is another operational component that we have analyzed in-depth in an effort to be as accurate as possible. What follows is our transportation analysis:

Each day, Fall River Public Schools transports approximately 5000 PreK - 12 students to both in district school buildings and to out-of-district placements. To accomplish this, the district utilizes 167 School Buses, 12 SRTA 'Tripper', and 3 district owned 7-D transport vans. The District's transportation policy mandates that all students in grades K-5 who reside farther than 1 mile and students in grades 6-8 who reside 1.5 miles or further from their respective schools shall be afforded the opportunity to receive district-funded transportation. Additionally, there are any number of circumstances under which a student may receive district provided transport regardless of their distance from school, as required by both State and Federal Law.

The district policies also necessitate the return of students from the actual bus to the transportation office who were not met by families at either bus stops or at their door to door service. The policy requires parents or guardians to sign for students who are in Pre-K through the 2nd grade, and also includes some of our students with disabilities, for their own safety. For the purpose of planning, we know that our student pick-up practices will necessitate the development and buildout of a new area constructed and staffed to follow social distancing guidelines. Our FY21 transportation budget, which includes our total cost for in-district, out of district, SPED, athletics, and McKinney-Vento transportation, is approximately $11 million.

When COVID-19 emerged as a worldwide pandemic in March 2020, districts across the Commonwealth were forced to reimagine what the task of getting students back to school would look like. We have forecasted the need for added time and effort (and perhaps staffing) that will come with future transportation operations given the COVID-19 guidelines. The immense complexity and sheer size of this task requires the district to commit an extensive amount of human and financial capital, in order to continuously fine tune and further refine the system. Overseeing this process is the

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Transportation Department, which consists of a coordinator, two clerk specialists, and three couriers who operate the 7-D vans accommodating special routes. In addition, routing software has allowed us to operate with greater efficiency and cost effectiveness. These tools help us to accomplish our transportation needs while not compromising the safety and wellbeing of the students and families we serve.

Through extensive research into our options, and in accordance with the reopening guidelines set forth by DESE, the district has identified two viable possibilities for FY21.

3-Foot Full 100% in-person Option: With the full student body attending their schools daily, current bus practices will be adhered to per our standard operating procedures. This would result in the district requiring 250+ additional buses (roughly .66% x more than normal) due to the required three-foot distancing measures for on-bus seating, reducing overall transportation capacity. In order to get ALL of our students to school using the 3-foot bus seat distancing per the recommendations of DESE, we anticipate an increase in the transportation cost of no less than $6.6 million.

Hybrid Option of Schooling w/ 3-Foot Transportation Spacing: Using this model, we would employ the 3-foot seat distancing guidance of DESE, but because we would only be transporting approximately half of our total student body, we would NOT need to add additional bus routes. However, we would need to adjust all routing and bus tier systems. Due to these changes, we would not realize an increase in transportation costs for most of the district's services. Out-of-district transportation costs may increase, however, as vehicle size and capacity can become restrictive and likely require additional vehicles to accomplish the task.

The illustrations from the Worcester Public Schools that follow are an example of spacing issues on busses: full capacity vs 3-foot and 6-foot.
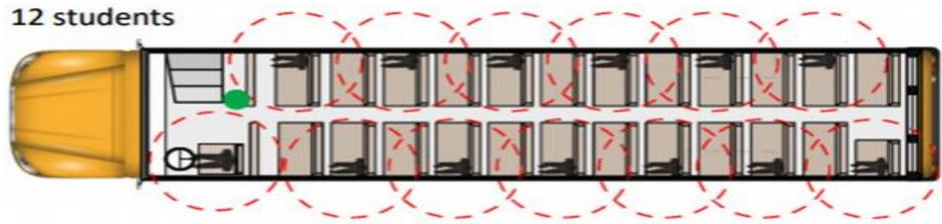

71 students

24 students

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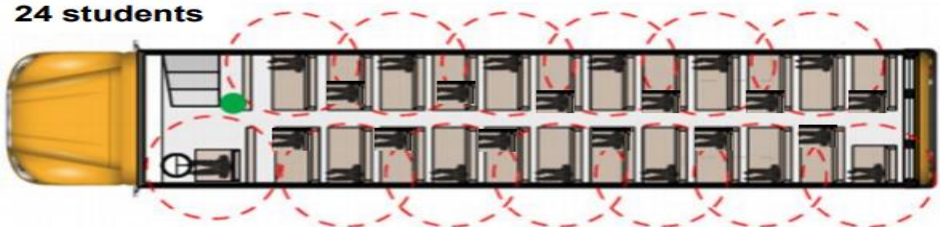
Food Service Operations:

During school closure operations, the professionals of our food service department prepared and distributed 356,000 individual meals to hungry students at ten meal distribution sites across Fall River. This same nutrition team will be able to adapt to any scenario for reopening and will continue to serve a beacon of excellence in food serve. We will be prepared to serve breakfast and lunch five days per week regardless of whether or not we are remote or in-person. Our team is ready to provide a combination of grab & go and on-site food delivery system. Of course, some modifications will be required from an operational standpoint to ensure safety, but we are confident we can accomplish this. We will be prepared to continue our after the bell "breakfast in the classroom" program PreK-12 but we will eliminate the "share table" for community sharing of food. Instead, students will be able to place unused and untouched food items in their backpacks directly to take home. We plan to continue to use our cafeterias for lunch delivery, knowing we will have to adjust school schedules to compensate for safe 3-foot or 6-foot distancing. Operationally, we will establish safety standards, students will sit down, staff will distribute lunch, students will unmask and eat, and then students leave as a group to ensure they are safe by exiting using our cohort procedure and allowing for staff to discard of all trash and sanitize each table for the next group of students.

Building Sanitization:

Our site-level custodial and maintenance teams will clean our facilities on a daily basis using industry-standard COVID-19 cleaning procedures. In addition to this, each school will receive a deep sanitization process every Friday (or other day TBD) during the school year during face-to-face operations (100% in person or hybrid model).

Specialized Cleaning Routines: Each school and district facility will have all touchpoints (*listed below) disinfected at least once each day in addition to daily cleaning of door handles, push bars, etc. The special weekly disinfecting process will continue throughout the school year. All custodians have been trained on the use of the "electro-static sprayers which are deployed to provide supplemental support for schools and facilities.

Daily Cleaning Routines: In addition to the special work outlined above, custodians are performing their regular daily cleaning, including wiping down tables, chairs and other surfaces, emptying trash, cleaning restrooms, vacuuming, and cleaning floors.

Specialized Cleaning Products: A very powerful cleaner concentrate, specially mixed at a level designed to mitigate germ transfer, is being applied by trained staff to disinfect all touchpoints* and surfaces in our schools. For the safety of students and staff, this chemical is being applied when classrooms and other spaces are not occupied. The specialized strength disinfectant requires special handling and cannot be applied by anyone other than trained staff.

Approved School Cleaning Products: A pre-mixed; disinfectant can be used by custodians and other staff as necessary to clean up common school issues.

Hand Sanitizers: Wall-mounted and free-standing hand sanitizing stations are being installed in all schools at various locations. Adults should always supervise the use of hand sanitizers by children.

*Touchpoints:

- Door handles & push bars & push plates everywhere
- Light switches
- Classroom door windows
- Classroom sinks and faucet handles, counters
- Classroom tables/chairs
- Elevator push buttons
- Water fountains/bottle filling stations
- Restroom doors, handles and push plates
- ADA Bars
- Toilet and urinal handles
- Sanitary napkin dispensers
- Sink and faucet handles
- Computer keyboards and touch screens
- Toilet paper, soap, and paper towel dispensers and handles

HVAC Air Quality Systems:

The 16 school buildings of the Fall River Public Schools have a variety of commercial HVAC systems. These systems, as you can imagine differ depending on age and school construction / design. The most important component of the HVAC mechanicals are the air filters which are changed twice per year at each change of the heating and cooling cycle per our preventative maintenance plan. We also clean the cooling and heating coil surfaces, disinfecting them with approved chemicals and methodology. In the HVAC systems that include wall-mounted, or console type induction units, the cabinets and fan compartments are vacuumed and sanitized as specified by the manufacturer. We work to ensure that our HVAC systems have been properly and officially commissioned and are operating correctly. Commercial HVAC systems are typically designed to produce internal conditions with a relative humidity of 40-60%. Both the manufacturers and the commissioning agents require these standards to be met during installation and are checked on a yearly basis per our preventative maintenance plan.

In modulating outside-air systems, or systems that allow for adjustments to be made in outside air, we will be increasing the % rates of outside air into our controls. This requires increasing the system's

exhaust air rate which, in turn, dilutes the % of contaminants in the circulating air. *Note: increasing the outside air rate or ventilation rate will likely result in increased energy usage and may result in mechanical difficulties to maintain the desired temperature and humidity within a building.* In summation, FRPS has taken prudent and practical preventative measures to improve air quality in our buildings and we will continue these practice to reduce COVID-19 spreads risks to include the following:

1. HVAC preventative maintenance will be conducted as prescribed by the recognized industry standards and preventative maintenance procedures we have established.
2. Building maintenance staff will confer with service providers to ensure timely service is delivered to our buildings.
3. Ensure we are ever vigilant in checking and increasing outside air rates.
4. Maintain and review with regularity all preventative maintenance and inspection records to ensure and confirm that duty of care has been provided.
5. Upgrade and replace air filters with greater regularity to reduce COVID-19 transmission potential.
6. In buildings with windows that open, we will open windows for regular air flow during the day and in the evening when possible.

Across our district, we have over 3000 individual filters within our HVAC systems. Changed twice per year, we will use 9000 separate individual filters in any given year.

Our HVAC systems are an integral systems component in our safety planning to reduce potential COVID-19 transmission rates as part of our broad-based multi-modal district-wide infection control strategy.

COVID-19 Specific Capital Improvement Projects:

Across the district, we are also engaging in construction projects to provide further safeguards for students and staff. Projects at all sixteen schools and our Parent and Community Engagement Center will ensure that all of these district spaces have secure entry systems that offer electric locks on interior vestibule doors, as well as speaker systems and pass-through doors. These measures will allow for no-contact communication and the drop-off/pick-up of school-related items. Additionally, "storefront systems" of plexi-glass on Main Office Desks and countertops will provide an extra layer of protection when parents and visitors do have to enter the building to communicate with school and office staff.
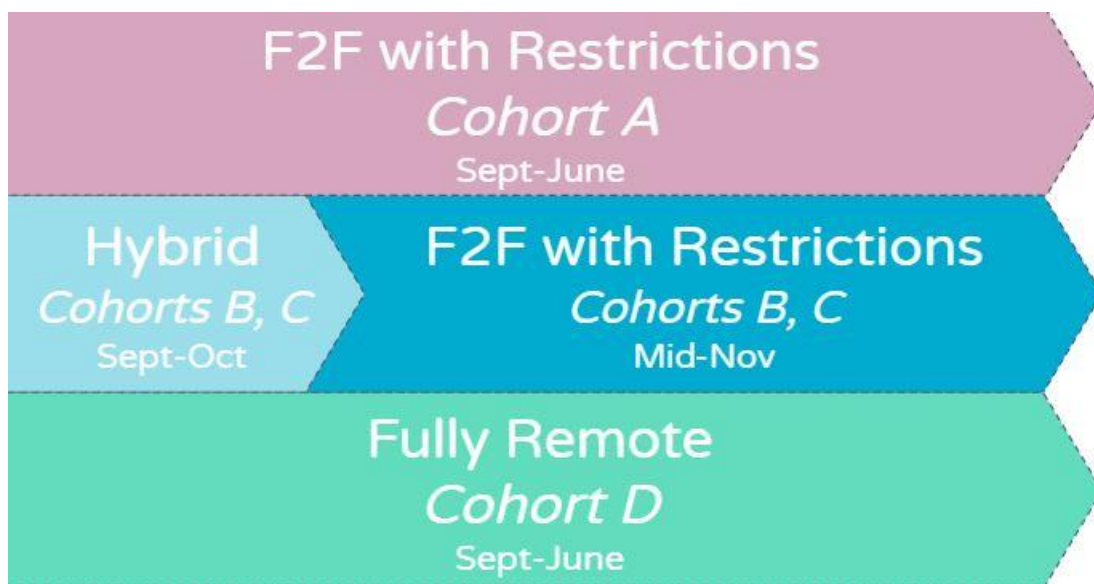
Fall River Public Schools SY20 Reopening Plan

Superintendent's Proposed Path to Reopening:

In order to safely and competently open the Fall River Public Schools for learning on September 1, 2020, I am proposing a phased-in approach, much like that of the phased opening of the Commonwealth. This will provide us with maximum flexibility that will allow us the nimble dexterity and operational capacity to adjust and move along the continuum of opening postures as needed and determined by status of COVID-19

The phased-opening plan begins on September 1, 2020 with 3 to 5 days of faculty and staff training and preparation. **THERE WILL BE NO STUDENTS PRESENT FOR IN-PERSON LEARNING OVER THESE 3-5 DAYS.** DESE is currently addressing the need to seek a waiver for the 180 school day requirement for student learning (this may be 177-175 days). This time will be used to train faculty and staff in the necessary new safety protocols and operational protocols that will be articulated in each school's reopening plan. Our Administrative Leadership Institute in mid-August will be used for school leadership teams to review the district reopening plan and the Task Force/Community recommendations to get granular on their school site level operational plan for opening. Specifically, each school team will operationalize our district plan by developing their site-level protocols and procedures for opening (see site level planning tool that follows). Additionally, school office and SEL teams will also use this time to continue our efforts to contact all students directly in order to gather school return information, assess needs, and create a database of learning posture for each student. Each school will use this time to complete all necessary administrative tasks for the phased-reopening plan. Teamwork and preparation for implementation will be the key components of these days.

Following Labor Day, we will commence in-person learning using a hybrid model. Students will be divided into four cohorts as follows:

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Cohort A: Students in specialized programing such as substantially separate special education, English language learners, and students identified as being in the lowest 25% of performance. These are the students that DESE has specifically asked us to prioritize and we will give these students priority in our cohort of students who attend school, in-person, face-to-face on a daily basis. Cohort A students will attend school every day. We estimate that this cohort will include up to 4,000 students.

Cohort B and C: Students who do not fit the priority criteria of Cohort A. These students will be divided in half and will attend in-person schooling using a week-on, week-off model. ***(*Note; there are several models for a/b scheduling, some configurations contained in the recommendations of our Task Force while others are practices identified by other school systems, but for the sake of our planning, this is the model I have chosen for initial discussion – the actual model will be determined over the next few weeks)***. During the off-week, these students will be engaged in remote learning (Flex Learning Academy) and other project-based learning activities. Priority for grouping of cohorts will be given to siblings, relatives, and other childcare arrangements.

Cohort D: Students and families who specifically select for a wholly remote learning experience. These students will be enrolled in Fall River FLEX Learning Academy and receive all of their instruction using our new robust remote learning platform. These students will remain enrolled as FRPS students (in their assigned school) and will be able to participate in all school, athletics, arts, and extracurricular offerings as long as they remain in good standing (conduct and attendance). **Note; for the purpose of DESE reporting, these students will be counted in our enrollment.*

The total number of students who opt into Cohort D will determine the size and scope of Cohorts B and C. For example, if 2,000 students opt into FRPS FLEX Academy and 4000 receive Cohort A priority, we will then divide the remaining 4,400 students into two 2,200 student cohorts for B/C rotation instruction. Using this model, on any given day, we would have upwards of 6,200 potential students in our schools and classrooms for in-person learning. Cohort A is the constant and Cohort's B and C are the variable. Additionally, we expect that as the school year progresses, students who initially elect into Cohort D may transition into Cohort A, B, or C.

Operationally, the phased-opening plan is designed on the 6-foot spacing model in classrooms. Using the matrix we developed, we are confident that we can fit 6200 students into our classrooms safely and comfortably. We feel strongly that the 6-foot distance model is the most practical for reopening conditions and this was a key recommendation of our reopening Task Force.

We will remain in this posture, using the hybrid model of blending in-person and remote learning for September and October. If (depending on safety conditions, medical science, and future guidance), all of the metrics improve that will enable our ability to increase capacity, we will move to 100% full in-person learning for November 16, 2020. Note: all of this will be predicated on the total number of students and families who choose full remote learning. As we pressure test our ability to get to 100%, we predict we will be somewhere between 4 to 6-foot spacing distance in classrooms.

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If we cannot move safely to 100% full in-person learning, we will remain in the hybrid model for as long as necessary. Clearly, we feel this model provides the most flexibility because we can move with confidence along the reopening continuum from 100% remote learning to 100% in-person learning as the health situation dictates.

The phased-opening plan includes the following operational imperatives:

1. ALL students PreK-12 will be required to wear masks to the extent possible, minus eating breakfast/lunch. This means every student and staff member and any visitor to the building must have a mask on in order to allow entry.
2. FRPS will provide needed PPE, hand sanitizer, and other preventative materials to schools and classrooms.
3. Schools will be cleaned and sanitized each day. Each facility will receive a deep cleaning process on a designated specific day each week.
4. Outside groups will not be allowed to rent school spaces, and visitors will only be allowed in main office areas.
5. Student classrooms will operate as cohorts, meaning students will stay grouped together from start to finish, to the extent possible.
6. Specialist teachers will teach in the cohort classroom to decrease hallway transitions, to the extent possible.
7. Breakfast will continue to be served in-the-classroom, while lunch will be provided in our cafeteria/lunch rooms and 6-foot distancing will be employed. Thus, each school will have to establish new master schedules to compensate for the additional time needed to accomplish this.
8. Faculty and staff will be provided with technology and training needed for remote learning.
9. Students in cohorts B,C,D will be provided with a Chromebook and hotspot connectivity device as needed.
10. Each school will develop a safety plan and protocol based on the DESE guidance to address the necessary actions taken when a student or adult has COVID-19 symptoms or tests positive.

School site level planning:

Once we have finalized a district plan for reopening, each school will need to operationalize the protocols and procedures they will employ for the safe and orderly operation of school. In order to do this, school leadership teams will use the four days of the administrative leadership institute in August to begin planning, using a planning tool to articulate their plan. School leadership teams will engage their School Site Councils, ILT's, and parents in this process. A draft planning tool may look like the following:

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Fall River Public Schools SY20 Reopening Plan

FRPS SITE-LEVEL DAILY SCHOOL OPERATIONAL PLAN FOR REOPENING
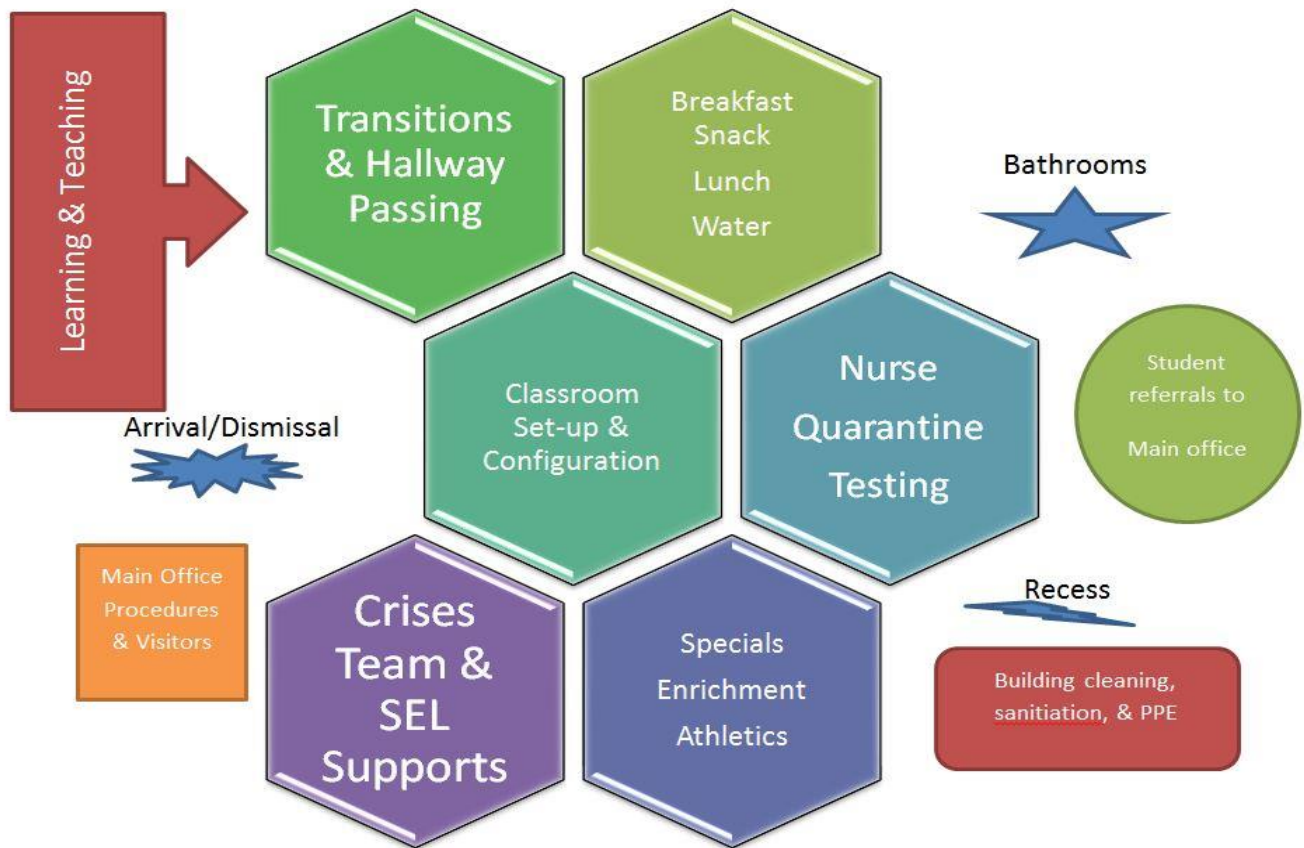
Matt Malone 7.7.20

As today is July 20, 2020, we know there is still a great deal of work that is undefined. What follows are some key areas where we know we have much work to do as we continue to work towards the development of a final school reopening plan.

Human Capital Labor/Management:

We know there are many labor issues to be worked out and we know there will more guidance on this topic coming from DESE. In keeping with our commitment for safety for all students and staff, we will meet and bargain with our labor unions to establish clear expectations for working conditions. We anticipate the need to enter into agreements (MOA's) with our labor unions to ensure all members clearly understand defined safety protocol requirements and conditions.

Personal Protective Equipment:

As guidance continues to evolve and funding becomes available, we will continue to purchase industry standard PPE for our students and our employees. The district has purchased or intends to purchase the following items:

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- Face masks for adults and students
- Face shields
- Vinyl gloves
- Isolation gowns
- Hand sanitizer refills for every classroom
- Gojo foaming hand soap refills-hand cleaner for adults
- Acrylic 24"x36" Countertop shields for small group work
- Green Seal Hypoallergenic facial tissues for classrooms
- Soft Soap with dispensers for classrooms/bathrooms

In addition, we have also purchased for custodial cleaning/sanitizing:

- Handheld electrostatic sprayers (15) with the electrostatic backpacks
- Disinfecting wipes
- Disinfecting spray
- Chlorine tablets

Note: we also know there are community engagement and parent engagement discussions that will happen as our planning continues to evolve. Surveys have been helpful so far, but in-person or remote discussion will be best to continue to solicit feedback and answer questions. Parents will have options for their children in terms of their 2020-2021 formal public education; this is something we have heard on a constant basis.

Task Force/Flex Academy/Community Advisory Committees

Reopening Taskforce

Matthew Malone-Superintendent	Eric Bradley-Principal Doran
Mimi Larrivee-SC Member	Liz Correia-Teacher Viveiros/FREA Rep.
Mary Shaw-Principal Stone	Robert Deschenes-Teacher HLCS
Drew Woodward-Dept Head DHS	Christopher Gusman-Redesign RPA
Joe Correia-Director Environmental Services	Tricia Whitty-Principal Viveiros
Ken Pacheco-COO	Jackie Francisco-Director Fine Arts
Maria Pontes-Asst. Superintendent	Brad Bustin-Director Athletics
Michael Losche-Asst. Superintendent	George Ackley-Vice Principal/FRAA Rep.
Ann Dargon-Asst. Superintendent	Rebecca Cusick-FREA President
Kevin Almeida-CFO	Katelyn Arsenault-Math Coach HLCS
Shayna Morgan-Director Student Support	Kerri Frattaruolo-Dept. Head Doran
Karen Long-Director of Nursing	Kate McGraw-Coach at HLCS
Rachel Nogueira-Teacher Tansey	Jen Grafton-Dean Silvia
Gloria Saddler-Instructional Support Liaison-Talbot	Edward Gomes-Behavior Therapist Stone
Steve Siclari-Teacher Talbot	Timothy Powers-PE Teacher Silvia
Alicia Lisi-Principal Fonseca	Jeanine Cambra-Dept. Head Doran
Fernanda Vera Cruz-MLL Director	Isabella Desmarais-DHS Student
Siobhan Ryan-Director School Improvement	Ashley Depina-Nunes-DHS Student
Stephanie Kennedy-Curriculum Director	Malak Issa-DHS Student
Kimberly Laliberte-Curriculum Director	Adam Souza-DHS Student
Sheryl Patterson-Principal Morton	Ignatius Mudoh-DHS Student
Karen Wood-Dept Head Fonseca	Bethany Guimond-DHS Guidance Counselor
Michele Sharpe-Director PE/Health	Allison Farias-Dept Head Sp Borden

FRPS Flex Learning Academy Design Team

Matthew Malone-Superintendent
Kim Laliberte-Curriculum Director
Stephanie Kennedy-Curriculum Director
Sheryl Rabbitt-Curriculum Director
Tracy Curley-Director of Data Accountability
Siobhan Ryan-Director School Improvement
Fernanda Vera Cruz-MLL Director
Maria Pontes-Asst. Superintendent
Frank Farias-Director of Tech Integration
Aga Bourret-MLL Program Coordinator
Eric Bradley-Principal Doran
Kathleen Cobb-Principal Sp Borden
Mary Shaw-Principal Stone
Matt Sakell-Dept. Head Kuss
Rebecca Cusick-FREA President
Pam Pacheco-Dept. Head Letourneau

Updated 7/17/20

School Reopening Community Advisory Group

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Paul Hart-School Committee Member	hartbp@fallriverschools.org
Rebecca Cusick-FREA	president@fallriverschools.org
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Rebecca Collins	becca@const.net
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John Lynch-Fire Chief	firechief@frfd.org
Jeffrey Cardoza-Police Chief	jcardoza@frpd.org
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Sabrina Melo-ELPAC Vice Chair	Smelo240@gmail.com
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Bill Kiley-Boys/Girls Club	bkiley@fallriverbgc.org

Recommendations for Opening Schools

Recommendations for Reopening Schools: Operations

Team Members

Joe Correia, *Co-Chair*	*Director, Environmental Services*
Malak Issa	*Student, Durfee High School*
Ken Pacheco, *Co-Chair*	*Chief Operating Officer*
Tim Powers	*Teacher, Silvia Elementary*
Sheryl Rabbitt	*Director, K-12 ELA & Mathematics*
Tricia Whitty	*Principal, Viveiros Elementary*

Recommendations for Reopening Schools: Operations

Transportation

- Stagger start/end times of schools.
- Transport 50% of students (usually transported on each bus) to maintain safe distancing. (largest bus to transport 26 students)
- Require masks while on the bus.
- Require the wearing of student ID's and establish attendance logs to make tracing possible.
- Sanitize buses between runs.
- Provide sanitizer and a supply of masks to bus drivers.
- Distribute masks to unprepared students prior to their getting on the bus; keep a log of distribution.

Cleaning, Organizational Layout and Sanitization

Daily and Specialized Cleaning Routines

- Perform regular daily cleaning, including wiping down tables, chairs and other surfaces, emptying trash, cleaning restrooms, vacuuming, and cleaning floors.
- Disinfect touchpoints* at least once each day, in addition to the regular daily cleaning of door handles, push bars, etc.
- Utilize the already-deployed electro-static sprayers, daily

Specialized Cleaning Products

- Apply a very powerful cleaner concentrate, specially mixed at a level design to mitigate germ transfer, to disinfect all touchpoints* and surfaces in our schools
  - For the safety of students and staff, apply only when classrooms and other spaces are not occupied
  - Ensure that only trained staff apply the special disinfectant, as it requires special handling and may not be used by untrained staff

Other Approved Cleaning Products

- A pre-mixed disinfectant may be used by custodians and other staff as necessary to clean up common school issues

Hand Sanitizers

- Provide wall-mounted and free-standing hand sanitizing stations in all schools
- Supervise the use of hand sanitizers by students

Computer Keyboards and Touch Screens

- Additional information will be provided shortly concerning products approved for disinfecting computer equipment

Recommendations for Reopening Schools: Operations

Safety and Security

- Maintain 6 foot distancing at all times
- Wear masks at all times, outside of "mask breaks" at designated times in designated areas
- Label hallways as "one way" where possible
- Develop school-based plans for safe transitioning of students, minimizing student interactions
- Create "holding area" in each building to minimize entrance of guests to the building
- Require drop-off of student materials in holding area
- Discontinue outside services (Foster Grandparents, e.g.) until further notice
- Develop school-based protocols for meetings with outside counselors
- Establish the COVID quarantine area in each school
- Organize shared space to adhere to distancing guidelines - faculty rooms, mail rooms, main office
- Use signage in each building to communicate district-wide expectations for health and safety
- Establish school-based protocols for hand sanitization upon school entry, and in all areas of the building
- Security officers

Nutrition

- Continue to serve breakfast in the classroom; no share table
- Serve lunch in the cafeteria, utilizing new protocols
  - lunch served at tables
  - students leave "trash" at the tables
  - less lunch choices (2-3)
- See Whitson's "Simply Safe Dining" reopening plan (attached)

Touchpoints:

- *Door handles & push bars & push plates everywhere*
- *Light switches*
- *Classroom door windows*
- *Classroom sinks and faucet handles, counters*
- *Classroom tables/chairs*
- *Elevator push buttons*
- *Water fountains/bottle filling stations*
- *Restroom doors, handles and push plates*
- *ADA Bars*
- *Toilet and urinal handles*
- *Sanitary napkin dispensers*
- *Sink and faucet handles*
- *Toilet paper, soap, and paper towel dispensers and handles*

SIMPLY SAFE DINING
our re-opening plan

OUR TOP PRIORITY TO IS TO ENSURE THE SAFETY AND WELL-BEING OF OUR TEAM MEMBERS AND CUSTOMERS.

Whitsons has appointed a special **Re-Opening Task Force**, comprised of executives and top school nutrition management professionals, to help develop both a safe re-opening plan and to ensure a safe operation thereafter. Our reopening plan follows guidelines set forth by the Centers for Disease Control and Prevention.

Our **"Together Six Feet Apart" Multi-Tier Training Program** will instruct our teams on:

- Personal hygiene, including handwashing and good respiratory habits.
- Personal protective equipment (i.e., face coverings and gloves).
- Taking digital temperatures and identifying symptoms.
- Enforcing biosecurity and illness policy procedures.
- Adherence to food safety, preparation and sanitation protocols by reinforcing the standards set forth by the USDA, FDA, Department of Health, CDC and HACCP.
- Requiring all managers and executives to be ServSafe COVID-19 re-opening certified prior to opening.

TOGETHER
6
FEET APART

All customers and team members will be expected to remain **socially distant**. We will be able to ensure this in our food production areas by increasing team member separation and restricting visitors to essential service personnel only. We are encouraging the installation of food shields in serving areas, separation of tables by at least six feet and displaying of floor stickers to remind customers to remain 6-feet apart at all times. We will supply resources for these materials.

Our **plan of service** has been modified to eliminate all self-serve and cook-to-order stations, as required. We have increased our offerings of convenient, safe grab and go options and will be providing recovery menus to accommodate a quick change in service without sacrificing quality or innovation. We also encourage the use of technology, such as cashless and/or pre-paid systems, to minimize personal contact.

Safety reminders will be posted in all of our serveries to reinforce our safety procedures, including face covering, social distancing, CDC heath mandates and more.

OUR OPEN AND ONGOING COMMUNICATIONS WILL KEEP OUR COMMUNITIES INFORMED AS CHANGES AND NEW REGULATIONS DEVELOP.

Recommendations for Reopening Schools: Arts and Athletics

Team Members

Jacqueline Francisco	*Director of Fine and Performing Arts*
Brad Bustin	*Director of Athletics*
Jeanine Cambra	*Doran K-8 Community School Department Head*
Siobhan Ryan	*Director of Title I Programs*
Tah-Teana Gomes	*Student, BMC Durfee High School*
Adam Souza	*Student, BMC Durfee High School*

Pre-Start Plan:

Build in time in the fall calendar for professional development training sessions for art and athletics staff so that we start with consistency in practices regarding the expectations for school day and after school programs.

- Include arts and athletics specific sanitization and safety topics (use of safety supplies/PPE, visual screening for symptoms, and sanitization practices) and educational topics (such as strengthening remote learning).
- Purchase needed materials for consistent sanitization of spaces, and any additional supplies needed to allow for social distancing.

Arts and Athletics	
Components	**Recommendations**
Art Classroom Setup/Materials	• **Set up art tables so students can be 6 feet apart**, and will only share supplies that are impossible to provide for each student. • **Clean up art and music classroom supplies** at the end of each class during the closing, and norm this practice during the first two weeks of school with students. • **Wash/sanitize hands** at the end of class prior to returning to their classroom. • **Transition students, *not teachers*,** for specialist periods. • **Provide face shields** to teachers of art and music. • **Discourage sharing of items** that are difficult to clean or disinfect. • **Keep each child's belongings separated from others'** and in individually labeled containers, cubbies, or areas. • **Ensure adequate supplies to minimize sharing of high touch materials** to the extent possible (e.g., assigning each student their own art supplies, equipment) or limit use of supplies and equipment by one group of children at a time and clean and disinfect between use.
Band, Chorus, Orchestra Classes	• **Continue Band, Chorus and Orchestra** programs in all three plans for schools - during the school day and after school as allowed. • Consider ways to hold **band, chorus and orchestra classes** in larger open spaces - using the school auditorium for whole group, and smaller rooms for practice of small group ensembles (at the HS). • **Hold Chorus** classes, practicing 6 feet distancing recommendations, and providing students with special clear face shields that allow them to sing and breathe appropriately. Per Mass DESE Guidelines, Pg 8: *Face*

	shields may be an option for those students with medical, behavioral, or other challenges who are unable to wear masks/face coverings. Transparent masks may be the best option for both teachers and students in classes for deaf and hard of hearing students. They may also be useful for teachers and younger students who rely on visual / facial cues. • **Do not schedule whole/large group or ensemble singing** until tested mitigation techniques are proven effective (NAFME). • **Provide indoor instrumental ensemble experiences** where teachers may focus on chamber music with smaller groups of students due to social distancing constraints.
General Music Classrooms	• In **general music classrooms,** sanitize all instruments or tools used (percussion sticks, drums, hand held bells, etc) during the closing of the class; teachers will be norming this practice with students during the first two weeks of school. • **Practice 6' social distancing** in music classrooms. • • **Focus face to face music education on musical processes such as responding, creating and connecting,** as General Music Education encompasses more than just musical performance, as outlined in the 2014 Music Standards, on which most state music standards are based. Students can also continue to work on musical performance skills at home.
Virtual Music Opportunities	• Provide virtual learning to students at high-risk who **opt out of in-person attendance.** • Conduct content-valid **music assessments conducted virtually,** allowing music educators and administrators to determine the progress of students in meeting state music

	standards, regardless of how instruction is delivered this school year.
Scheduling For Specials	• **Consider scheduling models** with potential to have music/art/PE/tech every day for a quarter to lessen the amount of movement to different specials.

Athletics	**Establish the following expectations for Coaches, Athletes and other Athletic Staff:** • Student/Athletes (S/A) will wear face masks while in the building, including locker rooms and weight room. They will also be worn while walking out to the field. They may be removed once practice begins. • All coaches, athletic trainers and Athletic Department staff will wear face masks when social distancing cannot be achieved. • Any S/A who prefers to wear a cloth face covering during a contest/practice will be allowed to do so. • Establish locker room schedules and protocols that adhere to safety guidelines.
Athletic Facility Sanitization	• **Create adequate cleaning schedules** to mitigate any communicable diseases. • **Wipe down and sanitize hard surfaces** within a facility prior to an individual or groups of individuals entering(chairs, furniture in meeting rooms, locker rooms, weight room equipment, bathrooms, athletic training room tables, etc.). • **Make hand sanitizer readily available** to individuals as they transfer from place to place. • **Wipe down weight equipment thoroughly** before and after an individual's use of equipment. • **Position spotters at the end of the bar.** • **Require appropriate clothing/shoes** to be worn at all times in the weight room to minimize sweat from transmitting onto equipment/surfaces. • **Encourage students to shower and wash their workout clothing** immediately upon returning to home. • **Do not allow sharing of athletic towels, clothing or shoes** between students. • **Make hand sanitizer available** at all practices and contests.
Hydration	**Set the following expectations for student hydration** during practices and contests: • **Require students to bring their own water bottles.** Water bottles must not be shared. • **Clean hydration stations** after every practice/contest

Recommendations for Reopening Schools: Arts and Athletics

Transportation to Events	**Maintain appropriate social distancing** (as required by state or local health departments) on buses/vans. **Require the driver and all passengers to wear masks** while on the bus.
Social Distancing During Events/Activities/Practices	Maintain appropriate social distancing, following state guidelines. **Use tape/paint as a guide** for students and coaches. - Allow athletes, coaches, officials, event staff, medical staff, security, and media at all contests. - Allow spectators, boosters, and all other non-essentials depending on state guidelines on mass gatherings.

Assemblies/Graduations/ Celebrations	- Plan any large celebrations (concerts, proms, parties, dances, etc) while adhering to state and CDC guidelines **when these are allowed per Massachusetts Phase requirements.** **Do not hold grade level assemblies** in large groups, rather; hold virtually and broadcast into each classroom via web. **Follow Phase IV guidelines to plan concerts.** These will be held in December and May as per usual, but will be done virtually if the state guidelines do not yet allow for congregation. - When school **performances** are permitted, **stream online without live audiences.** - Follow social distancing protocols, as directed by local and state health departments, for **student performers and good instrument hygiene** practiced. **Follow state guidelines in planning of Graduations, Field Days and other Celebrations,** and if these are not possible due to a spike in COVID-19 cases, we will plan to maintain tradition, but in an innovative manner (virtual/drive through/at home event).

Recommendations for Reopening Schools: Social Emotional Learning

Team Members

Eric Bradley	*Principal, Doran Community School*
Claudia Costa	*Lead School Adjustment Counselor*
Gretchen Creesy	*School Adjustment Counselor, Durfee High School*
Ann Dargon, *Co-Chair*	*Assistant Superintendent, Student Services*
Ashley DePina	*Student, Durfee High School*
Dylan Ferreira	*School Psychologist*
Bethany Guimond	*Guidance Counselor, Durfee High School*
Chris Gusman	*Teacher, Resiliency Preparatory Academy*
Mimi Larrivee	*School Committee*
MaryEllen Shaw, *Co-Chair*	*Principal, Stone K-12 School*
Michael Losche	*Assistant Superintendent, Special Education*
Andrew Woodward	*Director of Guidance*

Recommendations for Reopening Schools: Social Emotional Learning

WHAT IS SEL?   WHY DOES IT MATTER?

Social Emotional Learning (SEL) is the process by which students acquire, learn and apply skills such as managing emotions, problem solving, cooperation, empathy and responsible decision making. It is just as important as Reading and Math. This learning process is effective when it begins early, such as in preschool and continues through high school. SEL gives tomorrow's workforce the tools for success, while educators find it contributing to a positive school climate and increased academic success. Beyond immediate outcomes in the classroom, SEL prepares employees to solve problems, manage emotions, and communicate. These skills consistently affect outcomes like college completion, job attainment, health, and civic engagement.

The Fall River Public Schools is committed to educating the whole child. Through programs such as Choose Love, Responsive Classroom, Zones of Regulation, Mindfulness, Service Projects and PBIS, we are teaching students the skills they need to help them solve problems, make informed decisions, work well with others, face challenges and manage emotions. We will continue to work together to help our students meet success not only today, but prepare them for their future.

ESSENTIAL QUESTIONS
- How will we provide SEL supports when students return?
- How will we address trauma our students may have experienced?
- How do we provide all services with new restrictions?
- What supports will our staff and stakeholders need?

GUIDING PRINCIPLES
- The attention to students' social, emotional and academic development is particularly important now, as many students and adults may have experienced extraordinary stress and trauma. (CASEL)
- It is just as important that we attend to the social and emotional needs of our staff, as they are experiencing significant stress.
- It is critical that we begin the year with a clear focus on deepening relationships with our students, our staff, and families, and on providing visible means of maintaining student safety.
- Given the current climate, we must offer students and adults the opportunity to safely discuss diversity and cultural differences.

Recommendations for Reopening Schools: Social Emotional Learning

RECOMMENDATIONS

1. *Prior to school beginning:*
   - Send to all parents a list of frequently asked questions that will answer general questions and school specific questions. (This document is in development and is in the resource list below.)
   - Create and share with parents videos of the following:
     - Procedures for arrival and departure
     - Expectations for wearing masks to include where, when, and how mask breaks will be allowed
     - Expectations for social distancing
     - Hand washing
     - Transitions within the building and within the classroom
     - New classroom rituals and routines
     - Expectations for wearing masks, to include encouraging parents to "practice" mask-wearing for increasing periods of time in August with their children.
   - Require all administrative teams to watch the MARC video "When the Kids Come Back," and ask them to incorporate suggestions into their school reopening plans.
   - Encourage all school-based staff to create a short video introducing themselves to their new students and their parents, as a means of building relationships with students and families.
   - Provide teachers with guidance around increasing their involvement with parents, understanding that students have been home with them for six months and parents may need more communication than in the past.
   - Encourage principals to host weekly summer Google meetings with parents, during which all aspects of reopening can be discussed, and during which videos can be shared
   - Contact all families again in August to determine what parents plan for their children re: returning to school
   - Provide parent training on the new Remind communication system.
   - Create and share district expectations for weekly parent calls.
   - Create a brief SEL screening questionnaire for parents, students and teachers, and ask them to complete them in August.
   - Schedule additional staff professional development days (for a total of 3) at the beginning of the year to provide staff PD on the following:
     - New routines and procedures (see above)
     - How to prepare for students to return.
     - The results of the SEL screening and develop student support plans based on needs.
     - The Choose Love SEL model with new Permission to Feel units developed over the summer by SAC's
     - PD around cultural proficiency - *21-Day Racial Equity Habit Building Challenge -* https://www.eddiemoorejr.com/21daychallenge
   - Develop a resource guide and provide to all parents; include self-care strategies, social-emotional skill builders, and community resources to provide SEL support. (This document is in development and is in the resource list below)

Recommendations for Reopening Schools: Social Emotional Learning

- Develop Standard Operating Procedures for the use of "reset rooms and spaces," to include how we will maintain cleanliness in these spaces.

2. *Start of School:*
   - Plan an Incredible Kid Day for the first day of school; In a hybrid model, do this each time a new group of students come for their first day.
     - All staff will be wearing the AIKD shirts
     - We will do the usual "high five" welcome but with visitors applauding students instead
     - We will ask community members (i.e. fire chief, police chief, mayor, superintendent) to participate in a simulcast welcoming students back to school, and make sure schools have the capacity to watch it with students.
     - We will all demonstrate a high level of enthusiasm to let students see how happy we are to have them back in school.
   - Schedule support staff (SAC's, BT's, administrators) to visit all classrooms on the first day to introduce themselves
   - Plan for a focus on team building by providing suggested activities that meet the social distancing guidelines to be carried out throughout the first week of school
     - Classroom team building
     - Team wide team building
     - Building wide team building
   - Reintroduce students to the Choose Love curriculum and the Permission to Feel components; have all students complete the Choose Love pretest.
   - Schedule incoming kindergarten, sixth grade and ninth grade, students for school visits in small groups at different times with their families; discuss safety drills (lockdown, fire drills) and school routines
   - Develop and use social stories and common vocabulary around the virus to ensure clarity in communication
   - Develop written district procedures and expectations, using PBIS norms, for what is and is not acceptable in terms of following new rules, and determine best practices for handling non-compliance
   - Revisit the plan and make adjustments as necessary

Recommendations for Reopening Schools: Social Emotional Learning

SEL RESOURCES

FAQ's for Families:
https://docs.google.com/document/d/1kn3H_bQeNTeVwHIO3ES0kA51pSabbroE6ULfgi47Tk4/edit

SEL Resources and Activities -
https://docs.google.com/document/d/1y5eBQ34r166l6pMC3M1sCbkXlieGZ-LjoR6T4wr1FNw/edit?ts=5f0cf884
Choose Love at home curriculum (English and Spanish)
https://chooselovemovement.org/programs/

https://chooselovemovement.org/course/back-to-school-support-unitL

Leveraging the power of social-emotional learning (CASEL)
https://casel.org/wp-content/uploads/2020/05/CASEL_Leveraging-SEL-as-You-Prepare-to-Reopen-and-Renew.pdf

Article - Why Every School Must Have A Social Emotional Learning Plan Prior to Reopening
https://www.lessonsforsel.com/post/why-every-school-must-have-a-social-emotional-learning-plan-prior-to-reopening

Tools to Assess Social and Emotional Learning in Schools
https://www.edutopia.org/blog/tools-assess-sel-in-schools-susanne-a-denham

Universal Screening Toolkit
https://www.doe.in.gov/sites/default/files/sebw/universal-screening-toolkit-updated-cover.pdf

25 Social-Emotional Activities
https://docs.google.com/document/d/10A3aoNHRiNzQzoG4Vg90uFMYrYBTSMUeT8G0rEGZqEs/edit?ts=5f0cf85e

Behind my Mask Self-Portrait Activity
https://cassiestephens.blogspot.com/2020/07/behind-my-mask-super-kid-self-portrait.html

SEL activities
https://www.centervention.com/

Community resources for parents (English, Portuguese & Spanish)
https://unfr.org/resources

Recommendations for Reopening Schools: Health/Medical Management

Team Members

George Ackley	*Vice Principal, Spencer Borden Elementary/FRAA President*
Tom Coogan	*Director, Human Resources*
Rebecca Cusick	*FREA President*
Malak Issa	*Student, Durfee High School*
Mimi Larrivee	*Fall River School Committee*
Karen Long, *Co-Chair*	*Director, Nursing*
Shayna Morgan	*Dean of Operations, Durfee High School*
Michelle Sharpe	*Director, K-12 Health and Physical Education*

Recommendations for Reopening Schools: Health/Medical Management

Overall Recommendations

- In alignment with the State guidelines and recommendations, focus on the following strategies to keep our schools safe:
  - All students and faculty will wear masks/face covering
  - Frequent hand sanitizing and/or handwashing
  - Social distancing at 6 feet
  - Students and faculty are to stay home if they are sick
- Establish and reinforce routines to make masks/face coverings and hand washing/sanitizing automatic.
- Communicate, train, review and reinforce health protocols with all faculty and staff.
- Communicate expectations with students so that all are committed to maintaining the safety of each school.
- Collaborate and communicate with students and families, in their home language, conveying all expectations to help strengthen the commitment to the safety of our schools.
- Communicate protocols and expectations to students, parents, and staff so that we maintain a consistent message of a healthy and safe school environment.

Recommendations to Prepare Students and Faculty for Returning to School in September 2020

- Enforce compliance of newly enrolled students, as well as active students, with all State mandated immunizations and requirements.
- Encourage flu vaccines for all students and faculty. Align FRPS recommendations to the State recommendations when they are released.
- Keep school-based inventories on household information for students, siblings, and other students living in the household including: addresses, emails, phone numbers, current school placement, and other relevant information; update throughout the year.
- Disseminate and communicate information about COVID guidelines to faculty, students and families.
- Provide teachers with online and in-person school based Professional Development on District protocols, and spend time reinforcing these new rituals and routines as school communities.
- Require regular teacher communication with families to ensure that families understand school protocols so we can be aware of any impacts to the student's learning.
- Post signage throughout each school building. (i.e. Masks are Mandatory, Reminders to Wash or Sanitize Hands, Keep 6' Distance etc.)

Recommendations for Entering School

- Encourage families and caregivers to perform a "wellness check" on their children each morning, at home, prior to sending their child to school.
- Share information with families in their primary language to help support them in conducting this wellness check, which will be the deciding factor if they should send their child to school or contact their primary care provider.
- Do not require screening procedures at the point of entry into school. *(DESE will be providing a checklist of symptoms and other guides to districts and schools to help families and students.)*
- Establish multiple points of entry at each school to ensure social distancing.

Recommendations for Reopening Schools: Health/Medical Management

- Utilize staff at all school entrances to ensure that all students are wearing masks/face coverings.
- Provide hand sanitizer stations at each entrance point so students can sanitize their hands when entering the building while remaining socially distanced.
- Require all students to wear a face mask/covering; encourage all families to provide coverings, and provide when necessary.
- Prop open entry and exit hours so that students are not touching the door handles and surfaces; after entry hours, monitor doors and open by staff or security.
- Stagger start times to allow for better social distancing and reduce the risk of crowding.

Recommendations for Classrooms

- Provide either a washing station or hand sanitizer in each classroom; set the expectation that anyone entering will be required to wash or sanitize before entering.
- Require masks for students and teachers; make masks available in each classroom in the event a student's mask breaks or becomes damaged.
- Provide teachers with disinfectant wipes in the classroom to use when surfaces may need to be wiped down during the school day.
- Prop open classroom doors at times of entry and exit.
- Give students the opportunity for safe Movement Breaks throughout the day.
- Arrange classrooms so that students are at least 6 feet apart from one another.
- Create school-based protocols for material distribution to minimize contamination of school surfaces and objects and social interactions.
- Allow students to have their own water bottle so that they aren't using community water fountains.
- Keep transition time to a minimum throughout the day and reinforce expectations that students are to wear masks during these times.
- Allow only one student from each class a bathroom pass at any given time; keep a record of students who leave the classroom for any reason, noting time in and out and destination.

Recommendation for Masks

- Require all students and staff to wear a mask/face covering, including during transitions throughout the building.
- All faculty will be required to use a mask; faculty can have a mask break when they are not in a room with other students or faculty (i.e. prep period).
- Make masks for students if they do not have one or if their mask breaks or is damaged.
- Make exceptions to mask/face covering requirements for those for whom it is not possible due to medical conditions, disability impact, or other health or safety factors; face shields may be an option for students with medical or behavioral challenges who are unable to wear masks/face coverings.
- Schedule mask breaks throughout the day; breaks should occur when students can be six feet apart and ideally outside or at least with the windows open. *(Further guidance on mask breaks including duration and frequency will be forthcoming, as well as more information about properly removing and putting on masks.)*
- **Require masks/face coverings by everyone on the bus during school bus transportation.**
- Maintain 6 foot distancing during meals, as masks will not be worn.
- Establish a District protocol for students who refuse to wear a mask.

Recommendations for Reopening Schools: Health/Medical Management

- Enroll students refusing/unable to wear a mask in the remote option of the Fall River Flex Academy. ==(We would recommend seeking legal opinion on this; we may not be able to enforce this for medical exceptions, but student refusal may be different since it is a public health issue)==

Recommendations for Sending Students to the Nurse's Office

- Prepare all nurse offices with a student waiting area with a distance of 6 feet between students; capacity will depend on the size of each individual office.
- Contact the school nurse prior to sending a student to the nurse's office to make sure she is available and not tending to an emergency. This will reduce wait time in her office as well as maintain a student capacity that will allow for social distancing within her office space.
- Do not allow the buddy system for hallway travel; exceptions may be made by the nurse in certain medical situations.
- Arrange for nurse-distribution of small kits (i.e. bandaids) to each classroom so teachers can assist some students in the classroom without sending them to the nurse's office.
- Provide teachers with information and training on what symptoms to look for to "screen" possible COVID-19 cases in the classroom.
- Make appropriate PPE available for nurses treating students with suspected COVID-19 symptoms.
- Make PPE available for any staff that are required to provide assistance to students in close proximity or hands on assistance. Supplies will be determined on the type of tasks/procedures being performed.
- Designate isolated space in each building for anyone displaying COVID-19 symptoms - space that is separate from the nurse's office or other space where routine medical care is provided.
  - Move a student showing symptoms of COVID-19 to this designated medical-related isolation room until they can be picked up by a family member. Provide the student with appropriate PPE.
  - Use this space for evaluating employees who have COVID-19 symptoms.
  - Disinfect after each use.
- Arrange for parent/guardian pick-up of any student suspected of COVID-19 symptoms within 30 minutes of isolation. ==*(More information about steps to safely discharge students will be provided in future guidance).*==
- Assess the same-household siblings (or other same-household students) of any student excluded from school due to COVID-19 symptoms. If they exhibit symptoms, they will be excluded from school. If they do not exhibit symptoms, they may still be excluded from school and asked to self-quarantine per Board of Health recommendations.
- Per CDD guidelines, exclude the same-household siblings (or other same-household students) of any student diagnosed with COVID-19. If there is a confirmed case of COVID-19, the local Board of Health will assist with developing next steps that may include additional students or staff being isolated or quarantined. The decision to close areas within a school or the entire school will be done in conjunction with the Local Board of Health. Staff and families will be notified if they or a student has been in close contact with a confirmed case and will be given further guidance.
- Disinfect the school nurse's office at the end of each day, at a minimum, and on an as-needed basis.

Recommendations for Reopening Schools: Health/Medical Management

Points that may be included in the School Group but we felt needed to be addressed:

Recommendations for Lunch and Breakfast
- Serve lunch and breakfast in classrooms or larger spaces (i.e. cafeteria) where groups of students can spread out safely. Develop school-based plans of where students will have their breakfast and lunch and how the meals will get to the students and/or how the students will get to their location.
- During meals, because masks are not worn, require six feet of physical distancing.
- Establish rituals and routines for traffic pattern protocols for students during breakfast and lunch that includes how they get their meals, how they eat their meals, and how they dispose of their trash so that social distancing can be maintained.

Recommendations for Recess and Specials
- Develop school-based protocols for how students will transition to and from their specials including Music, Art and Physical Education that ensure social distancing and mask wearing.
- Design recess protocols to ensure safe recess procedures including social distancing, time for masks breaks, and washing hands before reentering the classroom.

Recommendations for Drills
- Require students keep their masks on at all times during fire or lockdown drills; after exiting the building, if students can remain 6' apart, this would be an ideal time for a mask break.
- Design school-based plans for fire drills and lockdown drills. These plans should be communicated and reviewed with faculty; review drill plans frequently with each class.

Recommendations for Dismissal
- Establish multiple exit points from the building so that students are not crowded together and are able to socially distance themselves from one another during dismissal. These exit points should be organized by classroom location so that students are not moving across the entire building.
- Monitor exit points to make sure that students are maintaining their distance, wearing their masks, and ready for their transportation.

Recommendations for Reopening Schools: Secondary Teaching and Learning

*All planning should be done with consideration for special populations (ELLs and Special Education students) so that we can ensure inclusivity. This guidance is to support **in-school** teaching and learning.*

Team Members

Diane Bienvenue	ELA Department Chair, Kuss Middle School
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Maria Pontes	Assistant Superintendent, Chief Academic Officer
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Gloria Saddler	Paraprofessional, Talbot Middle School
Sharon Solway	ESL Coach, Talbot Middle School

Recommendations for Reopening Schools: Secondary Teaching and Learning

Hybrid Learning Recommendations

- Students will attend classes on an A/B weekly rotation; busing and family members will be considered in establishing A/B cohorts.
- High need students will attend both A and B week classes in person.
- Teachers will be responsible for their students' learning on their virtual week; lesson planning should focus on 2-week blocks.
- Establish learning day hours, incorporating social safety routines; details will be established once recommendations regarding timing are received.

In Person Days:
- See expectations listed above.

Virtual Learning Days:
- Take attendance, daily; details TBD.
- Record virtual lessons; details TBD.
- Engage students in electives/ELTs; details TBD.

Recommendations for Reopening Schools: Secondary Teaching and Learning

Secondary Teaching and Learning	
Components	**Recommendations**
Assessment: Classroom testing, diagnostic, small group	• **Remain in the same area for small group testing and instruction**; utilize space within pod areas/house/teams. • **Administer diagnostic assessments by the end of September** to determine gaps. • **Administer District assessments using 1:1 technology** at MS level, and as possible at HS level. • **Adjust District assessment calendar.** • **Consider individual student needs** when planning for assessment of students with disabilities and English learners.
Classroom Setup	• **Utilize identified spaces and minimize transitions** when supporting students requiring intervention in a small group session. • **Maintain 6ft distance/3 ft minimum between student seats** when setting up classrooms. • **Arrange all desks facing in the same direction.** • **Assign student seating in all classrooms.** Seating plans may be adjusted weekly in accordance with guideline-informed classroom configuration. • **Designate areas within the classroom for Small Group Instruction/Centers**, adhering to guidelines and sanitizing the area after students transition from the area. • **Develop digital small groups using GoogleMeet and student chats** to support speaking and collaboration. • **Distribute materials as part of the students' entrance routine**; set up materials stations near the entrance of the room, using elastic bands or containers to organize individual student materials. • **Make use of identified indoor and outdoor spaces** to reduce numbers when possible. • **Continue to plan lessons in the Workshop Model** and build routines off this model. • **Utilize a digital exchange for morning meetings/advisory** to address whole class groups while minimizing in-person class size. • **Adhere to social distancing guidelines** in the set-up/protocol design of specialized classrooms (medically fragile, e.g.) • **Require students to transport chromebooks** between home and school, daily; **set expectations for sanitization** by school and families.

Student Feedback	- Provide feedback to students **utilizing both technology and an identified, in-person space for in-room conferencing**; maintain safe distancing protocols and keep a conference log. **Utilize a digital platform (Google) for student to student feedback.**
Co-Teaching	- Set the expectation of **shared technology responsibilities between co-teachers in a classroom.** **Develop a travel schedule** for special educators and ESL teachers, minimizing the number of transitions for each educator. **Practice routine sanitation and hand washing** when transitioning between rooms.
Transitions	**Schedule handwashing/sanitation into classroom routines** with explicit instruction provided to students. **Develop school-specific bathroom protocols**, including the use of classroom bathroom logs. - Develop school-based protocols for **locker assignments and access schedules**; eliminate the sharing of lockers; discourage midday locker times. - Designate an outdoor space to **allow students to access fresh air during routine breaks.** **Establish student cohorts, when possible**; transition cohorted students through contained areas in the building. - Establish **transition schedules** and **one-way hallway movements.**
Providing SpEd/ELL Services	- Develop and communicate **paraprofessional schedules that minimize transitions** and limit social contacts throughout a day; consider documenting in Aspen. **Provide PPE and wipes/spray** to special educators and paraprofessionals working in classrooms with medically fragile students with clinical care needs; prioritize the sanitation of these spaces. - Conduct **virtual IEP meetings**, as possible. **Prioritize all high needs students**, especially students with disabilities in substantially separate classrooms and English learners in foundational classrooms, to attend daily, in-person classes. **Leverage technology** such as flipgrid and screencastify in order to maintain social distancing.
Professional Development and Schools based PLCs	**PD** **Set aside September 1-4 for school-based teams** to develop and review protocols. **Stagger the start of school for students**, beginning on

	September 7, 2020. • **Establish a PD day on September 25th,** allowing schools to review openings and make adjustments to protocols. **Faculty Meetings** • **Hold virtual faculty meetings** when 6ft social distancing cannot be maintained. **PLCs** • **Hold virtual PLCs** when 6ft social distancing cannot be maintained. • **Hold all district-based PLCs virtually.**
Meals in the classroom	• Breakfast - Pending Operations Decisions • Lunch - Pending Operations Decisions • **Develop school-based plans or meal distribution,** management, and related based on Operations guidelines.
Shared staff space (community rooms, teacher rooms, office, and copier rooms)	• **Establish and post maximum occupancy** in shared spaces.. • Maintain **occupancy logs,** including entrance and exit times of teachers occupying shared spaces.

Recommendations for Reopening Schools: Secondary Teaching and Learning

Secondary Parking Lot

1. Will shields be provided by the district? Can we order the see through mouth masks?
2. Middle Schools are exploring mixing grade 8 and not keeping them in cohorts. Does this impact scheduling - do we have to move back to the cohort model?
3. Looking at the DESE guidance documents, how does recommendation for student cohorts fit for the high school level where students move in many varied directions?
4. Should we look at advisory/homeroom as the basis for cohorts?
5. What does the cohort grouping mean for an A/B week? It is the same group of students that would be split within a cohort as A and B. Might be helpful to think through a day, who is in front of us, hours wise.
6. How do we build in breaks?
7. Arrival times? How does this impact cohorts? Busing will only transport 15-20 students. Routes will be different.
8. What is the academic requirement and can the school day be shortened to have time built in to process and gather student feedback?
9. Should we start with half days to allow students to adapt to being back to school and give staff planning time?
10. New protocol for restraints and escorts?
11. VILS technology will allow for redeployment of older technology from the MS to other grade levels allowing for 1:1 assessment beyond MS grade levels.
12. What is the balance for student engagement, keeping them engaged and willing to come to school? How do we create a successful social component to keep students wanting to come to school? We must be very willing to listen to the students so we understand their needs. What are the checkpoints to gather this information?
13. Humor and fun need to be incorporated daily. Need to find the hooks and resources we can use through the technology to capture students' interest and attention
14. Can clear shields be set up between the desks in certain areas?
15. WIl teachers not be able to move around the classroom, desk to desk, how does this affect our ability as a facilitator as a teacher? This may hinder this facilitation, lose progress, back to the old format of teacher in front of class, students in row...How will we monitor if students are on task? Will teachers have to rely on technology to provide feedback? We will have to use technology more effectively with more student led roles.
16. Headphones are needed at the high school
17. How do we sanitize student equipment, technology, manipulatives, etc.?
18. Do we need to limit the amount of rooms co-teachers enter on a certain day?
19. Implement cleaning protocols for teachers when they are changing rooms.
20. Is it safe for students and teachers to have the additional adult in the room? Is there a way to co-teach taking advantage of technology? (Teachers prepare videos for students to work on during small group instruction?) Would it be safer to consider "pull out"/ utilize the hallway potentially?
21. Do teachers need time to clean the room before the next group of students come in? Who is watching the hallways during this time?
22. Are we expecting MS students to stay in one classroom for the majority of the time and teachers transitioning? Recommending here that students need movement and minimize travel in the halls
23. Should services like speech be pushing into the classroom instead of pulling students out

when possible?
24. Do we need more equipment for teachers and paras who change students for everyone to feel safe?
25. Diversity of schedules that starts at grade 10 may make this more challenging to cohort.
26. Specifics around PD - Educators will reinforce routines in the first week to set expectations for SEL and Academics. Rituals and routines will be student centric, with expectations for students to lead routines, procedures, discussions, and discourse.)

Recommendations for Reopening Schools: Elementary Teaching and Learning

*All planning should be done with consideration for special populations (ELLs and Special Education students) so that we can ensure inclusivity. This guidance is to support **in-school** teaching and learning.*

Team Members

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Hybrid Learning Recommendations

We believe that for quality teaching and learning to happen while meeting safety guidelines, 50% capacity will help meet the individual needs of students. *(Kate shared a plan that showed how the models link to the spread)*

In order to help students stay engaged and accountable, **we recommend two days on and three days virtual** for students. We recommend that special populations attend four days in person and one day of virtual learning.

We make these recommendations for the following reasons:
- Consistent weekly schedules for families may allow for easier arrangements for child care
- We feel this option considers the needs
- Educators have more frequent interaction with students face-to-face without an entire week off in between
- Don't alternate days for cohorts, keep in person teaching back to back (example: Cohort A attends in person Monday/Tuesday, virtual learning for all/deep clean of buildings Wednesday, Cohort B attends in person Thursday;Friday)
- Fifth day/ third virtual day would allow for strategic planning between grade levels to plan for the combination of in-person and online learning, participation in common planning and online teaching (checking student work online, hosting online lessons)

STUDENT COHORTS
- Consider siblings
- Ask parents for feedback around what hybrid learning model works best for their family (would they prefer to have all of their children at school on the same day or have one child at home)

Recommendations for Reopening Schools: Elementary Teaching and Learning

Elementary Teaching and Learning	
Components	**Recommendations**
Assessment: Classroom testing, diagnostic, small group, feedback	**Administer common diagnostics by the end of September.** (either online or on paper depending on the status of the building). **Use technology creatively** to provide small group instruction, provide student feedback, collect student data (instead of papers), provide access to content/curriculum (instead of tangible materials)
Classroom Setup/Materials	Setup: • **Maintain 6ft distance** between student seats • **Place desks in rows,** facing in the same direction • **Add plexiglass dividers to tables** when desks are not possible • **Seat students strategically** so that a "small group" of children is arranged in a row, and students can turn desks to participate in a small group lead by an adult • Materials: • **Distribute all learning materials and tools at the beginning of the school day** in individualized groupings • **Assign materials** (including desks, technology, material bins, etc.) to individual students - no sharing • Communicate with families what essential **materials students will and will not bring to school** Additional PPE for Staff • **Make clear face masks and/or face shields available** to students in classrooms where children need to see facial expressions and where learning manner & placement of articulation of letter sounds is taught *(see also Health & Safety recommendations)* • **Provide teachers with a stockpile of protective gear, (including masks, gloves, gowns) and cleaning supplies** in classrooms where students require changing • **Set up portable hand-washing stations** in classrooms, as necessary
Co-Teaching	Where applicable, **the co-teaching model will continue** in consideration of safety guidelines.
Hallways & Lockers	Create a district schedule of **staggered start and end times for individual schools.**

	Determine school-based • **routines and protocols for staggered and one-way hallway transitions** • schedules for **adult supervision outside student restrooms** • schedules **for classroom visits/handwashing** • **limits on the number of "open" bathrooms** • Protocols for maintaining **classroom-based bathroom logs** to align with contact tracing protocols • protocols for locker assignments that ensure the same students share a locker that share a desk across cohorts *See additional recommendations from the "Operations" team for transitions upon entering the building, within the building, and leaving the building.*
Providing Special Ed/ELL Services	**Prioritize High Needs students (SpEd and ELL) for the opportunity to engage in daily, face-to-face instruction.** **Develop school-based protocols for providing small-group instruction** in consideration of safety guidelines. These may include alternate locations in the building or through virtual classrooms. **Use plexiglass dividers at "small group" spaces** when it is not possible to maintain a distance of 6 feet Create school-based **plans for ensuring that safety guidelines are considered when teachers work in each other's classrooms.**
Professional Development and Schools based PLCs	**Dedicate the first 3-5 days of school to staff training and development** to ensure safety of all stakeholders. Professional development will include the following: • Technology - FR Flex Academy/learning management system/tech tools • Building logistics - district and building-based safety protocols and operations • Differentiated PD - teachers of special populations, interventionists who are working with different groups of students, teachers of fully remote students, etc. **Shorten the school day to accommodate teacher preparation time** while students are not in the building. **Continue the use of virtual meetings** whenever it is not possible

	to safely distance participating adults at 6 feet apart.
Shared staff space	**Create building-based protocols for shared spaces** based in consideration of current safety guidance. The following may be points to consider: • Picking up mail • Copy/Teacher Room • Limit the number of people in the room • Main Office • Eating lunch in staff room • Shared bathrooms
Specialists	**Transition specialist teachers through general classrooms,** until guidelines suggest safe transition of students. **Consider virtual specialist instruction.**
Recess	• **Schedule teacher supervision of recess and lunch** to reduce adult interaction with different groups of students. • **Assign cohorted students** to specific outdoor locations.
Curriculum and Instruction	• **Teach rituals and routines** to support students in the use of technology platforms, in addition to in-person rituals and routine. • **Transition departmentalized grade-level teachers** to eliminate student transition
Mask Breaks/ Motor breaks	**Provide students with outdoor breaks,** assigned to different locations outside of the building
Parent-Teacher Conferences	**Hold parent-teacher conferences virtually** if we are in any kind of hybrid model

Elementary Parking Lot

How can we consider student movement breaks? We are worried about students being in one room, sitting at the same desk for 6+ hours a day? Could we consider having students go to specials in location other than the classroom?

Can special education inclusion teachers move among multiple classrooms? How would that impact the maximum person count for classrooms with paraprofessionals?

Can kids take off masks while they are sitting at their desks? Would that count as a mask break? Restaurant style

Link to state SPED guidance

Who will clean chromebooks between use if shared?
When will chromebooks be returned to schools in order to be sanitized before the first day of school?

Are there recommendations about how many students we can be in during a day? How many adults we can be in contact with?

How will we allow for movement breaks for students that genuinely need to wiggle and move?

Procedures for teachers protective gear? Are they responsible for purchasing their own masks or are we providing them? Someone mentioned to me masks that are clear so students can see a teacher's face?
-   Use of clear face masks for students with special needs students learning facial expressions, who are hearing impairment, or learning letter sounds and articulation

Clothing for student: zippers, wet shoe laces, buttons How can we modify spirit wear policy to limit the need of K and 1 teachers, or teachers of students with special needs in OT, to help with these issues
Do students have to wear spirit wear this school year?

List of Appendices

- Flex Learning Academy

- Department of Elementary and Secondary Education:
  - State Guidance
  - Special Education Guidance
  - Seating Chart Graphics

- Centers for Control Disease and Prevention:
  - COVID-19 Protocols
  - FAQ's

FLRPS ACADEMY

FLEX LEARNING
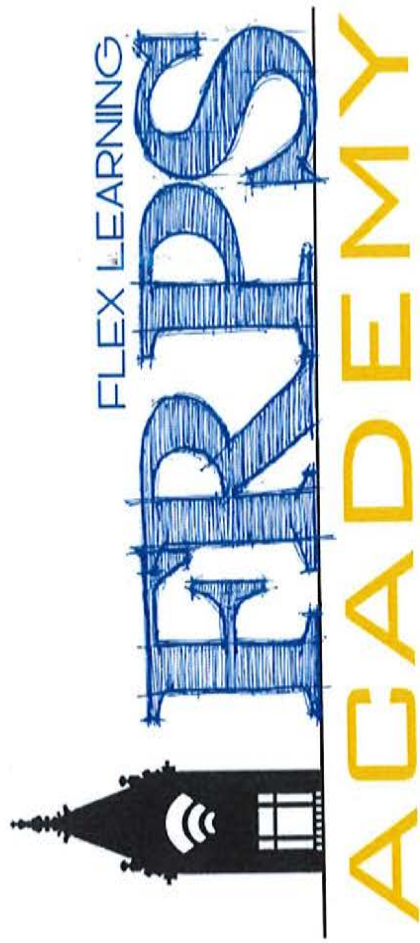
F2F / BLENDED-HYBRID / FULL VIRTUAL

retrofit

ReBRANDING

avorite resources

Lexia Core5

Symphony Math
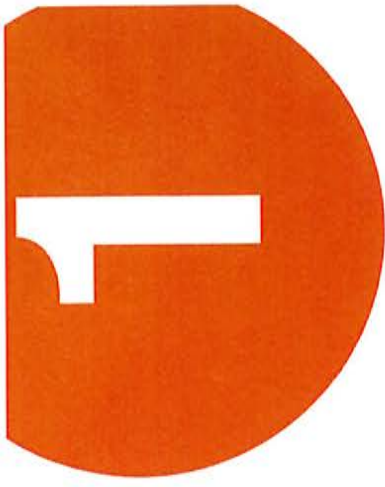
Teacher Pages

D. Assad's Page

google classroom

D. Assad's Page

Symphony Math

Instant Login Applications

Greene Homepage

DUCK DUCK GO

Achievement Network

Typing.com

EVERFI

Symphony Math

Google Drive

BADGE-Google Drive

Lexia Core5

NG Connect

DreamBox

Get Epic

google classroom

Edgenuity Pathblazer® /...

1 Virtual Learning Spaces @ each site

2

Supporting Parents

Fall River Public Schools

DISTRICT INFORMATION | DEPARTMENTS | SCHOOL COMMITTEE | EMPLOYMENT | RESOURCES

Translate Logins District Forms Calendar

Parent Tech Support Page

Resources to support families during Distance Learning.

If you have an issue with your Chromebook, you can submit a helpdesk ticket. On www.fallriverschools.org, there is an option called "Let's Talk" on the right hand side. If you click on it, a help ticket slides out. Send your question to "Tech- Fix It Issues"

SCHOOL COMMITTEE EMPLOYMENT RESOURCES

POSITIVE

STRONG
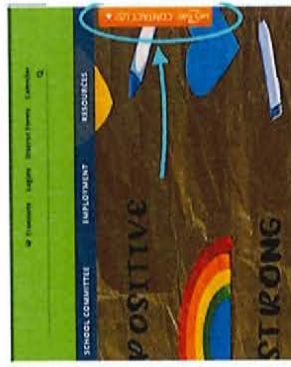
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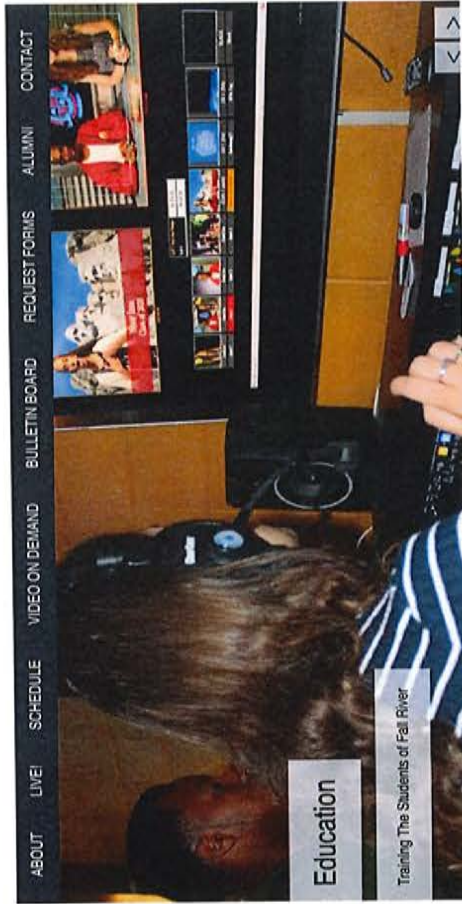
Homework Hour :: Principal Hour :: Reading Hour :: Math Hour :: Tech Trainings :: Teacher Highlights ::Best Lesson :: Story Hour (Super,Parents,Grandparents)

Edgenuity
FLEX LEARNING

FRPS
ACADEMY
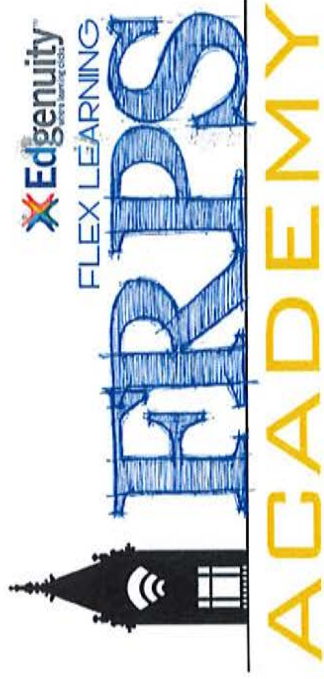
F2F / BLENDED-HYBRID / FULL VIRTUAL

- **Rebranding Clever. Creating Parent Clever accounts.**
- **Clever will sync with platforms -Digital Learning Platforms-iReady/Dreambox/Lexia/LearningAZ/STMath DE/K12 SeeSaw/K12 Wonders/Elevations**
- **LittleSIS (will analyze GC usage and sync classes/rosters w X2)**
- **GradeTransferer Chrome Extension x2/Google Classroom sync**
- **Full Virtual - Edgenuity 6-12 Core curriculum**

Initial Fall School Reopening Guidance

Jeffrey C. Riley
Commissioner

June 25, 2020

MASSACHUSETTS DEPARTMENT OF
ELEMENTARY AND SECONDARY
EDUCATION

Opening Letter from Commissioner Jeffrey C. Riley

June 25, 2020

Dear Fellow Educators, School Administrators, Parents, and Community Members,

After a spring unlike any before, I write to you about our plans for the fall with the wellbeing of our students, teachers, staff, and communities firmly in mind. It is sobering to think of the sickness and fatalities caused by COVID-19 in our state, in our nation, and around the world. It is also distressing to witness the murder of George Floyd and others and know that this is a reflection not of a single incident, but a long history of inequity. Through the lens of these two issues, we look at how to best open our schools this fall.

After weeks of discussion with many stakeholders, including our members of our Return-to-School Working Group, infectious disease physicians, pediatricians, and other public health experts; a thorough review of the medical literature; and evaluating what works best for our students, we want to start the school year with as many of our students as possible returning to in-person settings—safely. If the current positive public health metrics hold, we believe that when we follow critical health requirements, we can safely return to in-person school this fall with plans in place to protect all members of our educational community.

Part of our responsibility as educators, administrators, and parents is to do all that we can to help our children in this difficult time. As we all know, there is no substitute for the attention and engagement that is only possible with in-person learning. We can mitigate the risks associated with COVID-19 for in-person school programs and prevent the significant consequences of keeping students out of school and isolated. It will take all of us working together to make this successful.

In the memo that follows, DESE is providing initial guidance for school reopening this fall that prioritizes getting our students back to school in person—safely, following a comprehensive set of health and safety requirements. At the same time, DESE is requiring each district and school to also plan for remote learning and a hybrid school model, a combination of in-person and remote learning, should local conditions change this fall or winter.

The fall reopening guidance comes from a place of deep care and concern, with a focus on translating the public health data and evidence into practical application for school settings. We also acknowledge that it will likely elicit many new questions. We intend to address the most common questions in a running series of FAQs, along with additional specific topical guidance throughout the summer.

I look forward to hearing from you and working together to plan for our children's individual and collective success in the school year ahead.

Jeffrey C. Riley
Commissioner of Elementary and Secondary Education

To: Superintendents, Charter School Leaders, Assistant Superintendents, Leaders of Special
        Education Schools, and Collaborative Leaders
Fr: Jeffrey C. Riley, Commissioner
Date: June 25, 2020
Re: DESE Initial Fall School Reopening Memo

With this memo, we are providing districts and schools with initial guidance on reopening for the fall. In this guidance, we:

- **Clearly state our goal for this fall: the <u>safe</u> return of as many students as possible to in-person school settings, to maximize learning and address our students' holistic needs.** If the current positive public health metrics hold, we believe that by following critical health requirements, we can safely return to in-person school.
- **Provide a clear set of health and safety requirements for in-person learning this fall, grounded in the most up-to-date scientific literature and discussions with expert medical advisors.** While subject to revision as the COVID-19 pandemic evolves and more scientific evidence becomes available, these requirements will serve as an initial planning blueprint for the in-person return of students and staff this fall.
- **Require districts and schools to prepare a reopening plan that addresses three possible learning models for this fall:** in-person learning with new safety requirements, a hybrid of in-person and remote learning, and the continuation of remote learning (to ensure continuity of learning throughout the school year, even if circumstances change). Schools will also need a focused plan for special student populations. Districts and schools will be required to submit a comprehensive reopening plan to the Department of Elementary and Secondary Education (DESE) in August that addresses these three models. More information will follow shortly.
- **Outline the future guidance and other supports that DESE will provide in the coming weeks.**

This initial fall memo is one of several updates you will receive from us about fall reopening, with more information to come in July. Districts and schools have already received initial supplies guidance and also two documents for summer school planning – initial summer school guidance and guidance on summer 2020 special education services. Earlier this spring, we also provided initial and then more comprehensive guidance on remote learning.

Developing this initial fall memo required us to draw on the perspectives of both the educational *and* medical communities. To that end, this guidance reflects weeks of intensive conversations with education stakeholders, including our Return-to-School Working Group, and collaboration with infectious disease physicians, pediatricians and public health experts from the Massachusetts General Brigham Health System and the Massachusetts chapter of American Academy of Pediatrics. Our process has included a close review of guidelines from the Centers for Disease Control (CDC) and World Health Organization (WHO), as well as available medical literature on COVID-19 related to children and school settings. Finally, we consulted with the MA COVID-19 Command Center's Medical Advisory Board, comprised of physicians and other

health experts, which carefully reviewed the health and safety requirements for in-person learning outlined in this document.

Background and context

On March 17, 2020, all elementary and secondary public and private schools in the Commonwealth were ordered to cease in-person instruction, as part of the statewide plan to combat the COVID-19 pandemic and rapidly reduce the transmission of the novel coronavirus. This closure was later extended to last through the end of the 2019-20 school year.

We are currently in Phase 2 of Reopening Massachusetts, and more businesses are able to resume operations with restrictions and capacity limitations. We are optimistic that with our collective continued vigilance (wearing masks, hand washing/sanitizing, staying home when sick), Massachusetts will continue to progress through subsequent reopening phases.

The virus has had different impacts on communities across the state; several cities and towns were impacted significantly, while others have had few infections and no reported fatalities. Over the past several weeks, Massachusetts has seen rates of infections, hospitalizations and fatalities fall steadily, even as the virus remains a significant concern in several communities. As we all know, the COVID-19 context in Massachusetts is not static, and we will continue to monitor the situation closely.

At the same time, other countries have taken steps to reopen schools, which has provided the medical community with an opportunity to study the impacts of the virus in school settings and on children, providing valuable data and strategies that have been effective in reducing the risk of infection and transmission.

In our discussions with infectious disease physicians and other health experts, we have used both local and international data, trends, and case studies to inform our initial guidance for the fall.

Our goal for this fall

Our goal for the fall is to <u>safely</u> bring back as many students as possible to in-person school settings, to maximize learning and address our students' holistic needs. With the information provided in this memo, districts and schools should begin planning for a fall return that includes multiple possibilities, <u>with a focus first and foremost on getting our students back into school buildings.</u>

There is a clear consensus from both education and medical groups: we must keep in mind not only the risks associated with COVID-19 for in-person school programs, but also the known challenges and consequences of keeping students out of school. While remote learning has improved over the course of the school closures, there is no substitute for in-person instruction when it comes to the quality of students' academic learning. In-person school plays an equally important role in our ability to support students' social-emotional needs, including their mental and physical health, and in mitigating the impacts of trauma. We also recognize how disruptive

school closures have been to families trying to maintain regular work schedules and manage household needs, including childcare, while also facilitating remote learning.

Moreover, in light of recent events and a national movement to fight for racial justice, it is even more critical that our students are able to quickly return to robust learning opportunities and a supportive school environment, through which we can engage in meaningful discussions on anti-racism, provide mental health supports, and help to prepare our young people to bring about the changes our world desperately needs.

In discussions with infectious disease physicians, other medical advisers, and the COVID-19 Command Center's Medical Advisory Board, we were heartened to learn that – based on current data and research – the medical community supports the return of our students to in-person learning, with appropriate health and safety guardrails in place. **With adherence to a comprehensive set of critical health and safety requirements, we can bring our students, staff, and families safely back to school.**

Most of us are now quite familiar with the critical health and safety practices that reduce the risk of transmission of COVID-19. These include rigorous hygiene and handwashing, use of masks/face coverings, physical distancing, reducing interaction between groups, staying home when sick, protecting those most vulnerable to the disease, and expanding testing and tracing capabilities, among others.

However, what can often get lost in long lists of practices is that it is not one mitigation strategy, but a _combination_ of all these strategies taken together that will substantially reduce the risk of transmission. **In other words, establishing a culture of health and safety in our schools that focuses on regularly enforcing these important practices is more important than any one measure.**

Contextual factors

We recognize that several critical factors affect our ability to bring students back to in-person school settings this fall.

Financial resources. For planning purposes, districts and schools should assume a "level service plus" budget in order to bring students back in person; in other words, additional funds on top of their projected budgets to manage additional costs associated with health and safety preparations. We also recognize that "level service plus" must include additional resources targeted to our historically under-resourced communities. While schools and districts, through the city or town in which they are located, have already received federal CARES Act funds to support COVID-19 related purchases such as health and safety supplies/PPE, technology, and facilities upgrades, **the Commonwealth is making additional funding sources available directly to schools and districts to support reopening.**

To date, the following federal grants have been available to cities and towns for educational expenses related to COVID-19:

- $193.8 million from the Elementary and Secondary School Emergency Relief (ESSER) Fund to districts, largely based on the Title I formula.
- A portion of the $502 million from the Coronavirus Relief Fund (CvRF) already allocated to cities and towns, of which a meaningful amount of submitted costs are related to education.
- Up to $15 million in competitive federal funds for which the Executive Office of Education (EOE) and DESE have applied.

In addition to the above funds, the Commonwealth is making available:

- **An additional $202 million from the CvRF for a new grant round to support school reopening.** Of the $202 million, $182 million will be formula grants ($225 per pupil) and $20 million will be available at the Commissioner's discretion for distribution to districts with unmet needs. In accordance with federal rules, these funds must be spent by December 30, 2020 for COVID-19 related expenses. Funding for the City of Boston and Plymouth County are separate and in addition to these funds.
- **$25 million available for remote learning technology grants** through which the Commonwealth will provide a 100% state match to districts for their remote learning needs.

While school and district budgets remain uncertain, these additional resources will support schools and districts to provide a healthy and safe environment for in-person learning in the fall.

Cold/flu season. Flu season is another critical factor that could pose significant challenges for schools and students. Not only do flu symptoms closely mirror COVID-19 symptoms, but managing both a bad flu season and ongoing presence of COVID-19 could be highly disruptive for our educational institutions and healthcare system. It is essential that the educational and public health communities, as well as cities and towns, work closely together to ensure as many children and adults as possible receive flu vaccines this fall. Given the high priority of flu vaccinations, particularly this year, the administration will work with these key stakeholders and others on a strategy to enhance flu vaccination coverage in Massachusetts, particularly among school aged children. More guidance will be coming from the Department of Public Health.

Trajectory of COVID-19. All guidance in this document is based on the best information we have as of mid-June. We will carefully monitor the data in the coming weeks and months. Districts and schools must be prepared to be flexible and ready to pivot if circumstances change significantly. For this reason, districts and schools must plan not only for in-person learning, but also hybrid learning models (in which students learn in-person for some of the time and remotely for some of the time), and also full remote learning. Remote learning may be a necessary option in the fall for some students who are unable to return to school due to underlying medical conditions and potentially for all students if COVID-19 forces widespread school closures in the future.

Supporting educators and staff

Our educators and staff are essential to our success as a Commonwealth in preparing for a safe and successful fall reopening. We recognize that educators have been concerned about the challenges of remote learning and student learning loss during school closures this spring, and many educators have been balancing their teaching duties with their own family and personal needs. Some have felt the devastating impact of the virus personally.

We also know educators are eager to teach their students in person again, and that staff members are concerned about the health and safety of their students as well as their own health and safety. We are committed to supporting you with guidance and training as we prepare for fall reopening.

Based on the combination of health and safety requirements and rigorous protocols that we are putting in place for the fall, we believe the risk of transmission in schools is likely lower than the risk of transmission in many other settings. Furthermore, based on available data and effective implementation of critical health and safety practices, the rate of in-school transmissions has been low.[1] [2] [3] [4]

We recognize that planning for reopening in this "new normal" will not be easy; we also know that planning is not nearly as important – nor as difficult – as execution. To have a successful school year, we will all have to be problem-solvers, flexible and responsive to data, and willing to course-correct as necessary. It is also important to acknowledge that there will be COVID-19 positive cases in schools, and we will have protocols to help you determine the appropriate next steps when this happens to keep the school community safe.

Educators and other staff who are at higher risk of severe illness from COVID-19 will want to consult with their health care providers about whether and under what circumstances a return to in-person school settings would be medically inadvisable. We will provide guidance to support districts in working with their educators and staff on critical reopening issues, including those who are at higher risk of severe illness from COVID-19.

Recognizing the special role of families

Families, in consultation with their medical providers, will ultimately make the decision as to whether their children will attend in-person instruction, or whether their children will continue with remote learning. Districts should engage regularly and substantively with families in their primary language to ensure that they have accurate and up-to-date information to make informed decisions about whether an in-person return is best for their children. This also means that all districts will need to have a remote learning program in place for students who are unable to return to in-person school.

Families also play a critical role in supporting the new culture of health and safety that each school must establish. Most importantly, families can help mitigate the transmission of COVID-19 in their school communities by checking their children daily for any COVID-19 symptoms and keeping them home from school if they are sick or have had close contact with a person

diagnosed with COVID-19. Families can also contribute by supporting the use of masks in school and on the bus, arranging alternate transportation whenever possible, communicating with teachers, school leaders and local authorities, and continuing to follow state guidance on health and safety outside of school. DESE will provide further guidance and resources for families.

Emerging implications from the medical literature

This section summarizes some of the emerging themes and implications from the medical literature on childhood susceptibility to and transmission of COVID-19 as of mid-June 2020. Because COVID-19 is a novel disease, this literature is growing rapidly, and new information is emerging almost every day. Our guidance will continue to evolve as the science develops.

At this time, the evidence suggests schools have not played a significant role in COVID-19 transmission and that children, particularly younger children, are less likely than adults to be infected with COVID-19. Furthermore, if they become infected, it appears children may be less likely to transmit COVID-19 to others. Based on these initial findings, the health and safety requirements throughout this guidance, as well as considering the key features of school programming at different grade spans, the current evidence supports a safe in-person return to school with implementation details varying for elementary schools (including pre-kindergarten programs), middle schools, and high schools.

- **Schools do not appear to have played a major role in COVID-19 transmission.** In a review of COVID clusters, only 4% (8 of 210) involved school transmission.[5] In a case study from New South Wales Australia, after 18 cases were found in schools (12 in high schools and 6 in primary schools), only 0.3% of student contacts were infected (1 in 695 individuals in 10 high schools and 1 in 168 individuals in primary schools). No teachers or staff were infected.[6] Additional studies are included in Appendix A.

- **In general, rates of COVID-19 infection are lower for children than for adults.** Based on an analysis of data from six countries, children under 20 are half as susceptible to COVID-19 infection than adults.[7] Furthermore, although children under the age of 18 make up 22% of the U.S. population, they account for less than 2% of all cases of COVID-19.[8] In Massachusetts, children under the age of 19 were about four times less likely than the population at large to be diagnosed with COVID-19.[9] Children are more likely to be asymptomatic, however, which underscores the importance of health behaviors for everyone (masks/face coverings, distancing, handwashing, surface cleaning).[10] Additional studies are included in Appendix A.

- **If exposed, children may be less likely to become infected with COVID-19.** A meta-analysis of studies from several countries found that children were only 44% as likely as adults to become infected after exposure (note: pre-print study).[11] In China, in households with COVID-19 exposure, children under the age of 18 were infected at a rate of 4% compared with 17% for adults.[12] Additional studies are included in Appendix A.

- **If infected, it appears children may be less likely to infect others with COVID-19.** Most transmissions are from adults to children, rather than vice versa; this is different from some other respiratory viruses (note: pre-print study).[13] In a U.S. study of 15 households, 73% of transmissions were from adult to child (the remaining were child-to-child or child-to adult).[14] Additional studies are included in Appendix A.

Health and safety requirements and related guidance for in-person learning

The health and safety of students and staff are our top priority when making the decision to reopen schools for in-person learning in the fall. The following health and safety requirements have been developed in collaboration with infectious disease physicians, pediatricians and public health experts from the Massachusetts General Brigham Health System and the Massachusetts chapter of American Academy of Pediatrics. Our process has included a thorough review of guidelines from the Centers for Disease Control (CDC) and World Health Organization (WHO), as well as available medical literature on COVID-19 related to children and school settings. Finally, the MA COVID-19 Command Center Medical Advisory Board, made up of physicians and other health experts, has carefully reviewed the health and safety requirements for in-person learning outlined in this section.

At this time, these are the health and safety practices that will enable the safe reopening of schools for in-person learning this fall. These requirements will be modified as needed during the summer and into the fall. In addition to required practices, we have also included guidance on best practices where applicable.

As general background, COVID-19 spreads when people are in relatively close proximity, through respiratory droplets generated through coughing, sneezing, or talking to an infected person. Among the most effective preventive measures – when used consistently and in combination – are masks/face coverings, physical distancing, handwashing, and cleaning frequently touched surfaces.[15]

Masks/face coverings: As the primary route of transmission for COVID-19 is respiratory,[16][17][18] masks or face coverings are among the most critical components of risk reduction.[19][20][21] Masks/face coverings protect the general public against COVID-19 infection,[22] with a recent retrospective study estimating near 80% effectiveness in reducing COVID-19 transmission, especially when worn prior to symptom onset.[23] In the United States, states advising face masks/face coverings be worn in public saw a decline in their COVID-19 growth rates,[24] and community-wide mask/face covering usage contributed to control of COVID-19 in Hong Kong.[25] **At this time, our initial requirements and related guidance are as follows:**

- **Students in grade 2 and above are required to wear a mask/face covering that covers their nose and mouth.** Students in kindergarten and grade 1 should be encouraged to wear a mask/face covering.[26] Face shields may be an option for those students with medical, behavioral, or other challenges who are unable to wear masks/face coverings. Transparent masks may be the best option for both teachers and students in classes for deaf and hard of hearing students. They may also be useful for teachers and younger students who rely on visual / facial cues.
- **Adults, including educators and staff, are required to wear masks/face coverings.**
- **Exceptions to mask/face covering requirements** must be made for those for whom it is not possible due to medical conditions, disability impact, or other health or safety factors.
- **Mask breaks should occur** throughout the day.[27] Breaks should occur when students can be six feet apart and ideally outside or at least with the windows open. Further guidance on mask breaks including duration and frequency will be forthcoming, as well as more information about properly removing and putting on masks.

- **Masks/face coverings should be provided by the student/family**, but extra disposable face masks should be made available by the school for students who need them. Reusable masks/face coverings provided by families should be washed by families daily. Districts and schools with families experiencing financial hardship and unable to afford masks/face coverings should endeavor to provide masks for students through grant funds described earlier in this document.
- **Masks/face coverings are required to be worn by everyone on the bus during school bus transportation.**
- **Transparent face coverings provide the opportunity for more visual cues** and should be especially considered as an alternative for younger students, students who are deaf and hard of hearing, and their teachers.

Physical distancing: Physical distancing is another important practice that helps mitigate transmission of the virus. While the U.S. federal CDC has recommended maintaining a physical distance of six feet between individuals,[28] the World Health Organization's guidance states approximately three feet.[29] There is no precise threshold for safety; indeed, studies suggest that physical distancing of three feet or more leads to reduced transmission, with additional distance providing additional protection. [30] [31] For instance, in a study of household transmission in China, keeping at least three feet of distance was associated with one-fourth the number of transmissions.[32] It is important to note that six feet distancing is emphasized in public health advisories especially when no mask/face covering is worn.

We encourage districts and schools to aim for six feet of distance between individuals where feasible. **At the same time, a minimum physical distance of three feet has been established** *when combined with the other measures outlined in this list of safety requirements.* Because of the reduced susceptibility in children and lower apparent rates of transmission, establishing a minimum physical distance of three feet is informed by evidence and balances the lower risk of COVID-19 transmission and the overarching benefits of in-person school.

In preparing this document, we have reviewed the physical distance guidance for many other states and countries. In addition to the WHO, several other countries including Denmark, France, China, and Hong Kong recommend one meter (approximately three feet) distance in schools.[33] [34] [35] [36] The United Kingdom is also changing its guidance to one meter of distance beginning July 4, replacing previous guidance of two meters.[37]

Finally, this guidance is for fall reopening and is predicated on the Commonwealth continuing to progress through the phases of reopening with low COVID-19 public health metrics.[38] It will be critical to continue to take into account the community context of COVID-19 prevalence into the fall and winter. Where the community prevalence of COVID-19 is of concern, increased distancing will need to be considered.

Our initial requirements and related guidance are as follows:
- **Distancing requirements:** As reviewed and advised by the Massachusetts COVID-19 Command Center Medical Advisory Group, schools should aim for a physical distance of six feet when feasible, and three feet is the minimum distance allowed.[39] Schools should

seek to maximize physical distance among individuals within their physical and operational constraints.

- **Classroom and facility configuration:** To the extent possible, aim for desks to be spaced six feet apart (but no fewer than three feet apart) and facing the same direction.[40] Again, schools should seek to maximize physical distance between desks within their physical and operational constraints.
- Alternative spaces in the school (e.g., cafeteria, library, and auditorium) should be repurposed to increase the amount of available space to accommodate the maximum distance possible.
  - o In these larger spaces, establishing consistent cohorts/classes with separation between the cohorts/classes provides another option to maximize these spaces safely.
- **Additional safety precautions are required for school nurses and/or any staff supporting students with disabilities in close proximity, when distance is not possible:** These precautions must include eye protection (e.g., face shield or goggles) and a mask/face covering. Precautions may also include gloves and disposable gowns or washable outer layer of clothing depending on duration of contact and especially if the individual may come into close contact with bodily fluids.

Student groups: To minimize the number of students who would potentially be exposed in the event of a COVID-19 event, to the extent feasible, elementary schools should aim to keep students in the same group throughout the day and middle and high schools are encouraged to minimize mixing student groups to the extent feasible. **Our initial requirements and related guidance are as follows:**

- **Cohorts:** Schools should divide students into small groups that remain with each other throughout the day, with smaller cohort sizes preferred. Schools should look for ways to isolate cohorts of students and prevent inter-group contact to the extent feasible.
- **Capacity:** There are no required maximums on cohort or group sizes, so long as schools adhere to the physical distancing requirements above. (This guidance for the fall will replace previous summer guidance at the start of the school year, assuming positive health metrics hold.)

Screening upon entry: Checking for symptoms each morning by families and caregivers is critical and will serve as the primary screening mechanism for COVID-19 symptoms.[41] Schools should provide information to families in their primary language to support them in conducting this symptom check and families should not send their children to school if they exhibit COVID-19 symptoms. We will be providing a checklist of symptoms and other guides to districts and schools to help families and students.

- **Screening procedures are not required at the point of entry to the school.** However, school staff (as well as bus drivers) should observe students throughout the day and refer students who may be symptomatic to the school healthcare point of contact.
- **As noted in previous guidance, temperature checks are not recommended** as screening for all students due to the high likelihood of potential false positive and false negative results.[42]

Hand hygiene: Handwashing and hand sanitizing: Handwashing removes pathogens from the surface of the hands. While handwashing with soap and water is the best option, alcohol-based hand sanitizer (at least 60 percent ethanol or at least 70 percent isopropanol) may be utilized when handwashing is not available.[43][44] As has always been the case, handwashing should be used whenever hands are visibly soiled and after using the bathroom.[45] **Our initial requirements and related guidance are as follows:**

- Students and staff are required to exercise hand hygiene (handwashing or sanitizing) upon arrival to school, before eating, before putting on and taking off masks, and before dismissal.
- **Handwashing:** When handwashing, individuals should use soap and water to wash all surfaces of their hands for at least 20 seconds, wait for visible lather, rinse thoroughly, and dry with an individual disposable towel.[46]
- **Hand sanitizing:** If handwashing is not feasible, hand sanitizer with at least 60 percent ethanol or at least 70 percent isopropanol content can be used.[47] Hand sanitizer should be applied to all surfaces of the hands and in sufficient quantity that it takes 20 seconds of rubbing hands together for the sanitizer to dry. Hand sanitizer should be placed at key locations (e.g., building entrances, cafeteria, classrooms).

COVID-19 related isolation space: In order to minimize transmission of COVID-19, schools must ensure they have an isolated space available for students displaying COVID-19 symptoms. **Our initial requirements and related guidance are as follows:**

- **Schools are required to designate a COVID-19 related isolation space that is separate from the nurse's office or other space where routine medical care is provided.** A student who shows COVID-19 symptoms during the school day should be moved to the specific room pre-designated for medical-related isolation until they can be picked up by a family member.[48] More information about steps to safely discharge students will be provided in future guidance.

COVID-19 testing in schools: At this time, in-school testing is not recommended. Students' families should discuss testing with their health care provider. As the accuracy of point-of-care testing develops, this guidance may change.

Vaccines: Districts and schools should work with parents to ensure that students are current on all standard vaccinations before they return to in-person school. In addition, health providers strongly recommend all students and staff get their regular flu vaccine.[49] Whereas for COVID-19 it appears children are less likely to be infected with and to transmit COVID-19, this is not the case for influenza, where children are frequent transmitters.[50][51][52][53] Therefore, ensuring all students, teachers, and staff receive the seasonal flu vaccine is an extremely high priority. The Department of Public Health will be issuing updated guidance regarding vaccines for schools and parents.

Health and safety/PPE supplies: Per the initial supply guidance issued by DESE, schools should have an inventory of standard healthcare supplies (e.g., masks and gloves). Use of additional supplies may be optional based on type of tasks performed (e.g., teachers do not need to wear gloves while teaching but may need to during necessary contact with students, such as

when providing physical support to students with disabilities). All districts are eligible for federal CARES Act funds to support these purchases.

Additional health and safety protocols: Other protocols, such as facilities cleaning, are described later in this document.

District and school fall reopening plans

In this section, we describe the plans we are requiring all districts and schools to create to effectively prepare for fall reopening. This section also offers recommendations on reopening models to support districts and schools in preparing these plans.

Components of district/school fall reopening plans

Each district and school will need to plan for three possibilities on the continuum of reopening: 1) in-person learning with new safety requirements; 2) a hybrid of in-person and remote learning; and 3) remote learning. In addition, all districts/schools will also need a focused plan for serving special student populations across each of these models.

Continuum of fall reopening models

Return without restrictions	① In-person learning with new safety requirements	② Hybrid learning	③ Remote learning
Students return in person and restrictions are lifted	All students return in person; classrooms, schedules, protocols modified to meet health requirements	Students learn both in-person and remotely	Learning takes place remotely
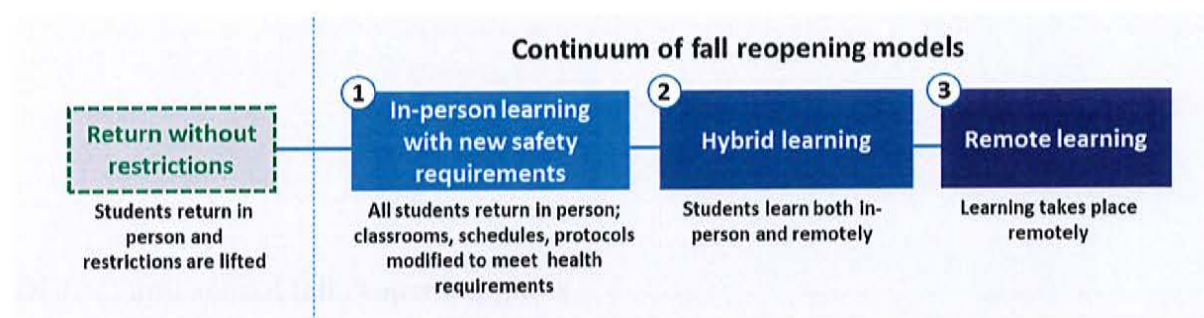
1. In-person learning with new safety requirements: **For the fall, the box in light blue represents our goal to get as many students as possible back into schools for in-person learning—safely.** In this model, all students return in person to school settings that are appropriately modified to accommodate the health and safety requirements outlined above. Examples of modifications could include altered classroom configurations, setting up additional learning spaces, and schedule changes.

2. Hybrid learning: **In addition, all districts/schools must create a plan for a hybrid model in the event they are unable to bring all students back to school under the health and safety requirements despite their best efforts, or in case of COVID-19 related circumstances.** A hybrid model means that students would alternate between in-person and remote learning. For instance, students could switch between in-person and remote learning on alternating weeks or days of the week.

3. Remote learning: **All districts and schools are required to have a plan for operating a remote learning program.** This model must be available for individual students who cannot yet return in-person, and for all students in the event of future classroom or school closures due to

COVID-19. Additional guidance on statewide support and resources for remote learning will be provided in the coming weeks.

Plan for special populations: Finally, across each of these models, all districts and schools need a plan for how special populations, including students with disabilities and English learners, will receive necessary services and accommodations.

Plan development and submission

Districts and schools will be required to submit their comprehensive fall reopening plans (all three models) to DESE in August. In addition, districts and schools will need to post their plans on their websites and complete an attestation to affirm that their fall reopening plans meet the health and safety guidelines established in this and updated guidance documents. We will issue further guidance, including whether any portions of the plans will require approval by DESE (for instance, plans for students with disabilities or others).

In creating their plans, districts and schools should first prioritize developing an in-person learning model with new safety requirements. DESE staff will establish multiple communications channels with superintendents and other school stakeholders to monitor how planning for an in-person return to school is progressing. We recognize the importance of equity in this process and will be available to support districts and schools in troubleshooting challenges that may arise.

Recommendations from DESE on reopening models

The model recommendations below assume key contextual factors that are not within our collective control. This includes an assumption of "level service plus" district and school budgets based on current projections, which include additional costs that may come with modifying class sizes, staffing, transportation, facilities, etc. We also recognize that "level service plus" must include additional resources targeted to historically under-resourced communities. The trajectory of the virus and availability of testing and treatments are other critical contextual factors. We will continue to monitor these and other factors and issue updated guidance as needed.

<u>**In-person learning with new safety requirements:**</u>

Learning time: Districts and schools should plan for an in-person return to school five days per week if feasible.

Utilizing alternative school spaces: Districts and schools should consider using their libraries, cafeterias, auditoriums, and other appropriate available spaces to set up additional classrooms to accommodate more students, reduce class size, and/or enable additional distancing while adhering to the health and safety guidelines. Teachers may also hold classes outdoors when feasible.

Utilizing external facility spaces: Schools should consider engaging community partners to find spaces outside the school[54] (e.g., libraries, community centers) to set up additional classrooms[55]

to accommodate more students, reduce class size, and/or enable additional distancing while adhering to the health and safety guidelines.

Staffing alternatives to consider for reducing class sizes: Specialist teachers and other educators such as instructional coaches, reading specialists, and others who have appropriate certifications may be enlisted to serve as additional core teachers to reduce class sizes in schools.

Reducing the mixing of student groups: When in classrooms, all students should have assigned seating. At the elementary school level, students should be restricted to their grade level class to the greatest extent possible. At the middle school level, students should remain with their cohort throughout the day to the extent feasible.

High schools could also consider ways to cohort or cluster students, though we recognize this is more challenging at the high school level:
- **Placing students in cohorts.** When grouping students into cohorts, a school should consider ways to keep families/siblings together (e.g., grouping students alphabetically, while recognizing that some siblings may have different last names).
- **Limiting travel within a school.** High schools may try to group students into clusters in the school (a "school within a school") to try to reduce interactions with other groups when students move to their next class.

Hybrid learning models:

When planning for a hybrid learning model, we recommend that districts and schools use an A/B cohort model that isolates two distinct cohorts of students who attend school in-person on either different weeks, different days of the week, or half days each day. For instance, Cohort A would attend school in-person from Monday – Friday of Week 1, while Cohort B learns at home remotely. In Week 2, Cohort B would attend in-person school and Cohort A would engage in remote learning at home.

Additional recommendations for hybrid models include:

High-needs students should be prioritized for <u>full-time</u> in-person learning when feasible. That is, even if most students are not in school each day, schools should consider setting up small programs that would run daily for one or more cohorts of high-needs students, including students with disabilities and English learners who are most in need of in-person services.

Students who do not have internet and/or computer access at home should come into the school and/or to a local partner or community organization, with appropriate supervision, to complete their remote learning school days.

Initial fall reopening planning steps

This section provides a checklist of key actions districts and schools should take in the coming weeks to plan for all three fall reopening models. This list focuses on establishing processes and

communication structures; future guidance will have more details about concrete operational planning.[56] Please see Appendix B and C of this document for initial operational guidance for the fall in a few areas (facilities, operations, and special education).

Point person and teams:

✓ **Name a COVID-19 response leader.** If you have not done so already, name a COVID-19 Response Leader for each school and for the district. The COVID-19 response leaders should coordinate with key district and school personnel on planning efforts over the summer and be a key part of the implementation as schools open.

✓ **Establish planning and implementation teams at the district and school levels** to work intensively over the summer on all issues related to school reopening in the fall. Planning and implementation teams should include COVID-19 response leaders, district leaders, school administrators, general and special education teaching staff, school nurses, custodial staff, as well as parents and other local officials and organizations as appropriate. These teams should cover the following essential domains:

  o **Teaching and learning,** including plans for in-person learning, hybrid learning, and remote learning, including technology needs and training.

  o **Student supports,** including addressing mental health and trauma.

  o **Special education, English learners,** and other special student populations.

  o **Personnel and staffing,** including managing staff assignments, supporting staff with high risk medical conditions, addressing the need for possible additional staff to assist with instruction, possible additional needs for tutors, and ways to provide additional support including recruitment of volunteers as needed.

  o **Facilities and operations,** including cleaning and sanitation, classroom and building set-up and flow, and food services.

  o **Transportation,** including bus transportation capacity and safety protocols, management of increased traffic flow from families who decide to drop off/pick up their children, promotion of alternatives such as walking and biking.

  o **Additional topics** should be addressed as appropriate to the school and the district.

Communication plans and structures:

✓ **Develop and begin implementing this summer a plan for communicating more intensively with students, families, staff, and the community.** This plan should include both two-way proactive communication (e.g., providing information and receiving feedback) and emergency communication. Consider creating and practicing communication systems with parents, students, all staff, facility and/or grounds management, and emergency medical services. Ensure translation of any information published by the school into the primary language spoken by the parent/guardian and make interpretation services available for two-way communication.

✓ **Establish connections and a process to work with local boards of health** so that all parties are up to date on various statewide and local guidance and plans (e.g., health and safety updates, COVID-19 testing availability, availability of flu vaccines, etc.).

Family survey:

✓ **Develop a family survey to support school reopening planning and scheduling.** Districts should consider surveying families multiple times throughout the summer and potentially into the school year. Districts and schools can use the survey to help determine:
- Children who will return to school in the fall in-person
- Children who will continue remote learning and for what reasons
- Children who need internet/technology access, and/or other technical support or one-on-one guidance
- Children who will need bus transportation
- Families who are planning to use alternate transportation (e.g., drop off and pick up their children, have their children walk or bike)
- Families who will need food assistance and other essential services

Planning for training:

✓ **Build in time in the fall calendar for training sessions** for staff, students, and families. Training should include health and safety topics (such as the use of safety supplies/PPE, visual screening for symptoms, and health and hygiene practices) and educational topics (such as strengthening remote learning). More guidance will be forthcoming.
✓ **Special education:** Ensure additional training time for educators who will provide direct physical support to students with disabilities on the use of the additional protective supplies they will need, including disposable gowns, face shields, etc.

Timing and topics for additional guidance

As districts and schools begin planning in earnest for fall reopening, DESE is committed to supporting you. In the coming weeks, we will issue more guidance on a variety of topics for the fall. We will also continue to update our guidance based on evolving medical information and contextual factors.

Below is list of additional topics on which DESE intends to issue guidance:

- **Fall reopening checklist,** including operations, teaching and learning, student supports, training, and communications needs.
- **Process for handling a COVID-19 positive case in the school community,** including when a school or classroom would need to shut down.
- **Remote learning resources.** We are actively exploring how best to support districts and schools with improving remote learning.
- **Facilities and operations,** including entry and exit procedures, cleaning and ventilation, procurement, food distribution, and signage.
- **Transportation,** including bus scheduling options, addressing bus capacity, and alternative modes of transportation, and operational considerations.
- **Guidance for special programs and student supports,** including special education, English learner education, and other programs and supports.

- **Athletics, extracurriculars, and electives.**
- **Key policies**, including academic calendar considerations.

Supplemental guidance for vocational high schools and programs will also be forthcoming.

Appendix A: Details on medical literature review and emerging implications

This section summarizes some of the emerging themes and implications from the medical literature on childhood susceptibility to and transmission of COVID-19 to date. This is a point-in-time summary as of mid-June 2020.

The evidence suggests that children, particularly younger children, are less likely than adults to be infected with COVID-19. Furthermore, if infected, children may be less likely to transmit COVID-19 to others.

Based on these themes, the health and safety recommendations throughout this guidance, as well as considering the key features of school programming at different grade spans, we believe the evidence supports a safe in-person return to school with implementation varying for elementary, middle school, and high school.

Because COVID-19 is a novel disease, this literature is growing rapidly with new information emerging almost every day. Our guidance will continue to evolve as the science develops.

Schools do not appear to have played a major role in COVID-19 transmission.

- In a review of COVID-19 clusters, only 4% (8 of 210) involved school transmission.[57]
- In a case study from Ireland, after six school cases involving three students ages 10-15 and three adults, there were no confirmed transmissions despite there being over 1,000 school contacts of these individuals (students and staff).[58]
- In a case study from New South Wales Australia, after 18 cases were found in schools (12 in high schools and 6 in primary schools), only 0.3% of student contacts were infected (1 in 695 individuals in 10 high schools and 1 in 168 individuals in primary schools). No teachers or staff were infected.[59]
- One infected student (9 years old) in the French Alps attended three schools while symptomatic; none of 112 contacts became infected.[60]

In general, rates of COVID-19 infection are lower for children than for adults.

- Based on data from six countries, children under 20 are half as susceptible to COVID-19 infection than adults.[61] However, this study also found infection in children to be more likely to be asymptomatic, which underscores the importance of health behaviors for everyone (masks/face coverings, distancing, handwashing, surface cleaning).
- Although children under the age of 18 make up 22% of the U.S. population, they account for less than 2% of all cases of COVID-19.[62]
- In a South Korea study, children under 20 only accounted for 6.2% of all positive cases.[63]
- After an outbreak in Italy, no children under 10 were infected and children 11-20 were infected at half the overall rate.[64] (Note: pre-print study; has not yet been peer-reviewed)
- In a Chicago study, only 1% of COVID-19 cases in Chicago were in children 0-17.[65]
- In Massachusetts, children under the age of 19 were about four times less likely than the population at large to be diagnosed with COVID-19.[66]

If exposed, children may be less likely to become infected with COVID-19.

- In China, in households with COVID-19 exposure, children under the age of 18 were infected at a rate of 4% compared with 17% for adults.[67]

- In another study from China, exposed children less than 19 years of age became infected at a rate of 5.3%, vs. 13.7% for 20-59 and 17.7% for 60+.[68] (Note: pre-print study; has not yet been peer-reviewed)
- In one study from Japan, 7.2% of exposed male children ages 0-19 and 3.8% of exposed female children tested positive for COVID-19, compared to 22.2% of exposed males ages 20-59 and 21.9% of exposed females ages 20-59.[69] (Note: pre-print study; has not yet been peer-reviewed)
- In NYC, in households with at least one COVID-19 case, prevalence of infection for children 5-≤18 was 31.9% vs. overall prevalence 52.5%.[70]
- A meta-analysis of studies from several countries found that children were only 44% as likely as adults to become infected after exposure.[71] (Note: pre-print study; has not yet been peer-reviewed)
- A study in Israel found that children 5-17 were 61% less likely to have positive COVID-19 tests compared with adults in the same household.[72]

If infected, children may be less likely to infect others with COVID-19.

- Analysis of clusters of patients with COVID-19 indicates that most transmissions are from adults to children, rather than vice versa. This is different from some other respiratory viruses.[73] (Note: pre-print study; has not yet been peer-reviewed)
- In a study from China, only 5% of household clusters were found to have a child <20 as the index patient.[74] (Note: pre-print study; has not yet been peer-reviewed)
- In Switzerland, a study of household clusters found that only 8% had a child as the index case. In nearly 80% of the cases, the child got COVID-19 from an adult family member.[75]
- In a Chicago study, for 15 households where data was available, 73% of transmissions were from adult to child (the remaining 27% was due to two child-to-child and two child-to adult transmissions).[76]

Risk of infection at varying physical distances

Key finding: in intermediate- and low-risk settings, the risk of infection is similar at one meter (approximately three feet) and two meters (approximately six feet) distances. Experts suggest schools would be considered low to intermediate risk, especially with additional protections (e.g., masks), and that the risk of infection in these settings at both one meter and two meters is low.

Note: the risk of infection at various physical distances was modeled based on a meta-analysis of data from a group of coronaviruses (COVID-19, MERS, SARS). These are estimates of the risk by type of setting, not the risk to different types of individuals.
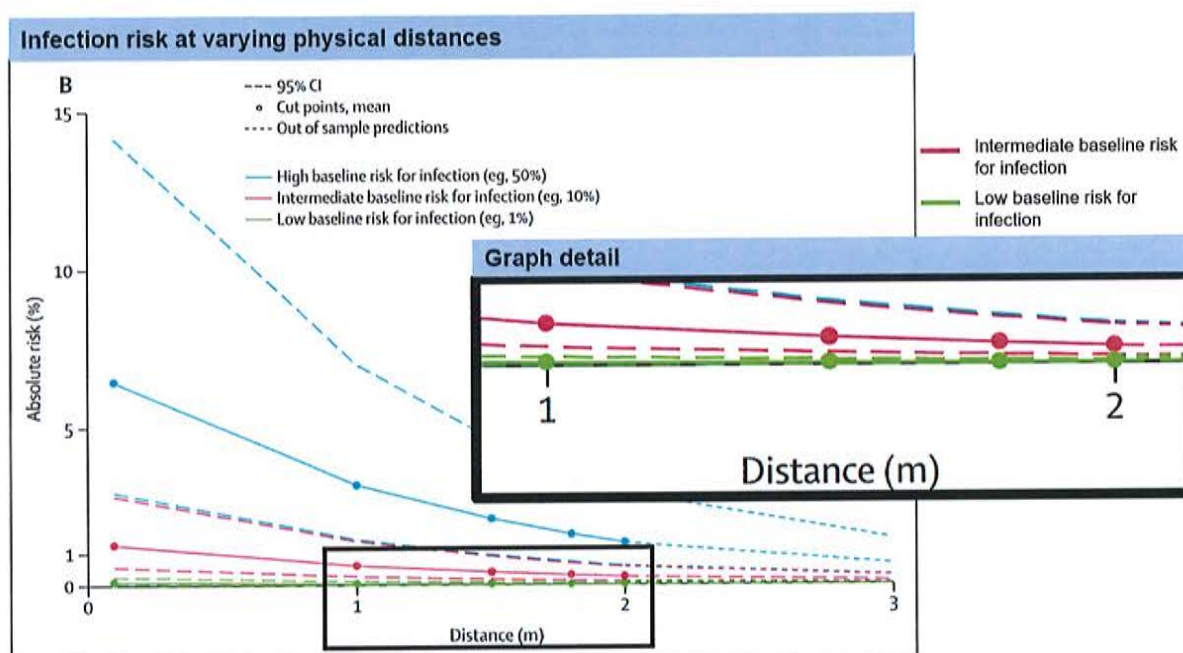
Source: Chu, D.K., Akl, E.A., Duda S., Solo K., Yaacoub S., Schunemann H.J. et al. (2020) Physical distancing, face masks, and eye protection to prevent person-to-person transmission of SARS-CoV-2 and COVID-19: a systematic review and meta-analysis. *The Lancet.*

Appendix B: Initial list of facilities and operations guidance

The considerations below are not exhaustive but can be used to support districts and schools with early operational planning in these areas.

Cleaning and supplies: Prepare for frequent cleaning and sanitization of facilities and surfaces, especially high-touch surfaces (e.g., doorknobs, hand rails).[77][78] Please refer to the federal guidance related to cleaning of facilities for more information regarding appropriate cleaning supplies, protocols, and frequency (e.g., wear appropriate protection such as gloves, wash hands often, follow instructions on all cleaning products, handle waste properly).[79][80] Provide hand sanitizing at key locations in the building (e.g., entryways, bathrooms, classrooms). Install signage and equipment to enable effective health and safety procedures, as defined in the Commonwealth's guidance on required safety supplies for reopening schools.

Facility management: Prepare an "medical isolation room" for students/staff who exhibit COVID-19 symptoms during the school day.[81] Consider removing large furniture (e.g., refrigerator, couches) from classrooms to maximize space available for student desks, and ensure desks are spaced according to the physical distancing guidance and facing in same direction, to reduce the transmission of droplets. Where physical distancing is difficult to implement (e.g., office space, reception desks), consider installing barriers or changing the configuration to support student/staff health and safety.[82] Repurpose communal spaces (e.g., cafeteria, library) to provide additional classroom spaces. If feasible, redesign hallways to be one-way to avoid crowding or restrict usage where distancing is not possible. Establish procedures for student entry and dismissal from the building.

Capacity: Evaluate classroom capacity on a case-by-case basis, based on the maximum capacity consistent with health and safety guidelines (e.g., distancing). Remember to include adequate space for the teachers. For the overall facility, plan for traffic, drop off, and pick up (e.g., staggered pickup/dismissal as needed).

Ventilation: Consider ways to increase facility ventilation (e.g., open windows through fall, perform an HVAC inspection)[83]. Ensure that proper maintenance protocols are followed in terms of changing filters, etc.

Food: Prepare to hold breakfast and/or lunch in classrooms, instead of the cafeteria or common areas.[84] As it is assumed that masks/face coverings will not be worn during meals, in order to achieve six feet of physical distance between individuals, consider ways to conduct breakfast and lunch (e.g., stagger time, build in other breaks, etc.). If serving food in the cafeteria, develop staggered schedules that minimize mixing of cohorts and enforce physical distancing protocols. Adjust food preparation and service procedures to minimize shared items (i.e. serving utensils), maintain physical distance, and support compliance with health and safety. For students continuing with remote learning, provide school meals as needed for days they are not in the school building.

Appendix C: Initial Fall Special Education Guidance

Due to the health and safety requirements that will be in place when school resumes, special education services may be provided differently during the 2020-21 school year as compared to previous years. As stated in the U.S. Department of Education's March 21 Supplemental Fact sheet, "School districts must provide a free and appropriate public education (FAPE) consistent with the need to protect the health and safety of students with disabilities and those individuals providing education, specialized instruction, and related services to these students." While further guidance is forthcoming, the topics listed below are meant to support school and district special education leaders in their initial plans for the new school year.

Promoting Inclusive Services and the Least Restrictive Environment
When determining classroom setups to accommodate physical distancing requirements, schools and districts should factor in the additional special educators and related service providers who will need to enter the classroom to provide services for students with disabilities in the least restrictive environment.

Staffing, Specialized Safety Supplies/PPE and Training
Schools and districts should follow the directions for staffing, specialized safety supplies/PPE and training described in DESE's Guidance on Summer 2020 Special Education Services as they prepare for this fall.

Considerations for Specific Populations of Students
Special considerations must be given for students with high risk medical conditions, students who are deaf or hard of hearing, and preschool-age students. Additional directions can be found in DESE's Guidance on Summer 2020 Special Education Services.

Considerations for Preschool-Age Students
Preschool-age students with disabilities are particularly in need of in-person services so that they can develop the socialization, motor, and communication skills that are vitally important at this age. Schools and districts should prioritize in-person instruction for this age group but should also be prepared to adjust to remote services if necessary.

Delivery of IEP Services
Students must receive all services pursuant to their IEPs through in-person or remote instruction, with an emphasis on providing in-person instruction to this particularly vulnerable population of students whenever possible. In particular, DESE recommends that schools and districts make additional provisions to provide as much in-person instruction as possible for students with moderate to severe disabilities (e.g., maintaining full-time in-person instruction for students in substantially separate classrooms even if the rest of the school is in a hybrid model of instruction). When providing remote services, schools and districts should continue to follow the directions provided in DESE's Coronavirus/COVID-19 Frequently Asked Questions for Schools and Districts Regarding Special Education (Updated May 15, 2020).

Monitoring Student Progress
Schools and districts must continue to issue Progress Reports at least as often as report cards or progress reports are provided for students without disabilities. Educators and service providers

must collect data, whether in-person or remotely, and use these data to monitor each student's progress and develop Progress Reports.

Transition Services
Although in-person participation in community-based programs and inclusive concurrent enrollment programs at institutions of higher education may be limited at this time, schools and districts should make efforts to develop plans collaboratively with community-based providers, colleges, parents/guardians, and students so that students can access as much programming as possible.

Initial Evaluations, Reevaluations, and IEP Team Meetings
Schools and districts should continue to follow the directions on meeting special education timelines as described in DESE's Implementation of Special Education Timelines During the COVID-19 State of Emergency.

Communication with Families
Educators and service providers must communicate with parents and guardians to discuss the provision of IEP services during this challenging time. Ongoing communication will help educators, related service providers, and parents/guardians develop a comprehensive plan for students to receive high quality individualized instruction and related services.

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MEMORANDUM

To: **Superintendents, Charter School Leaders, Assistant Superintendents, Special Education Directors, Collaborative Leaders, and Leaders of Special Education Schools**

From: **Russell Johnston, Senior Associate Commissioner and State Director of Special Education**

Date: **July 9, 2020**

Subject: **Guidance on Fall 2020 Special Education Services**

On June 25, 2020, the Department of Elementary and Secondary Education ("Department") released its Initial Fall Reopening Guidance, which prioritizes the safe return of students back to school by following a comprehensive set of health and safety requirements. The Initial Fall Guidance also asks schools and districts to prioritize and begin planning for in-person instruction, while simultaneously preparing blueprints for both remote learning and a hybrid school model (a combination of in-person and remote learning), should local conditions change this school year. This document supplements the Initial Fall Reopening Guidance by providing further information on supporting students with disabilities during the upcoming school year. It also provides necessary information in support of schools and districts, as they develop the portion of their reopening plans specifically related to special education.

Schools and districts were unexpectedly required to rapidly transition to remote models of special education service delivery when in-person learning was suspended from mid-March 2020 until the end of the 2019-2020 school year. Now, with more planning time and an emphasis on returning to in-person services in the school year ahead, this document is designed to provide guidance on these critical points:

- School districts must provide a free and appropriate public education (FAPE) consistent with the need to protect the health and safety of students with disabilities and those individuals providing education, specialized instruction, and related services to these students. Students with disabilities, particularly preschool-age students and those with significant and complex needs, should be prioritized for receiving in-person instruction during the 2020-2021 school year. These students should receive as much in-person instruction as is feasible within the health and safety parameters in effect at each particular time. Even if schools or districts are operating in a hybrid or remote model, educators and administrators must make every effort to continue to provide up to full-

time in-person instruction to such students. If in-person instruction cannot be provided and students with disabilities must receive instruction remotely in full, or in part, through a hybrid model, they must receive special education instruction and related services necessary to provide FAPE through an Instruction and Services model of delivery (e.g., structured lessons, teletherapy, video-based lessons, etc.) instead of relying solely on a Resources and Supports model (e.g., packets and assignments). For students with more significant and complex disabilities, providing one-on-one in-person instruction in the home or in a community-based setting should also be considered and made available as feasible, if it is not possible to provide instruction in an in-school setting.

- When school resumes in-person, with health and safety requirements in place, general education, special education, and English language education staff members must collaborate in order to determine the unique modifications that will be necessary to ensure the least restrictive environment (LRE) is in place for students with disabilities. This will require careful planning and scheduling.

- Family engagement is a critical component of school reopening. It is essential to reach out to parents and establish ongoing communication in a manner that works for the family. Parental input is always valuable, but is particularly critical during this time, when parents are ordinarily best positioned to observe their children and provide feedback on their children's experiences. Data from parents on primary areas of need, their children's ability to access remote learning, and other observations about their emotional and social well-being during the state of emergency will be essential to determining how to meet students' needs when schools re-open.

- It will also be important for families to provide input and to fully understand how the school or district plans to provide special education services to their children in the new school year.

- For limited English proficient parents and guardians, the school or district must provide interpreters, translating special education notifications sent to families, as well as schedules, learning plans, IEPs, and Progress Reports. Districts and schools must also use interpreters at all IEP Team meetings. The school or district should arrange for parents to have a specific contact person(s) within the child's special education Team and provide access to interpretation, if needed to communicate. The communication should be provided in language understandable to the general public. Many limited English proficient parents will require ongoing support in their own language so that they know what to expect from the school or district and how to support their child.

This document covers other important topics such as positive approaches to behavior, monitoring student progress, and transition services that the Department wants schools and districts to have at the forefront of their planning for the reopening of schools in the Fall. The Department recommends that schools and districts start to implement this guidance immediately and continue to develop additional supports throughout the school year to further enhance the quality of learning for students with disabilities.

Delivery of IEP Services

Students must receive all services documented in their IEPs through in-person instruction, remote instruction, or a combination of both, with a strong emphasis on providing in-person instruction to the greatest extent possible, while abiding by the current necessary health and safety requirements. In particular, the Department urges schools and districts to prioritize in-person instruction for two particular groups of students with disabilities: preschool-aged students, and students with significant and complex needs. Remote learning is often more challenging for these students.

For the purposes of this document, students with complex and significant needs include:

- Students already identified as "high needs" through the IEP process on the IEP form entitled "Primary Disability/Level of Need-PL3." *Such students must meet at least two of these criteria:*
    - Services provided outside of the general education classroom;
    - Service providers are special education teachers and related service providers;
    - Special education services constitute more than 75% of the student's school day;
- Students who cannot engage in remote learning due to their disability-related needs;
- Students who primarily use aided and augmentative communication;
- Students who are homeless
- Students in foster care or congregate care; and/or
- Students dually identified as English Learners.

Even if the rest of the school has entered into a hybrid or remote model of instruction, schools and districts must make every effort to maintain in-person instruction for students with disabilities, particularly those with complex and significant needs and preschool-aged students. For example, if a school or district needs to implement a hybrid model of instruction for its students, teachers may be able to simultaneously maintain full-time in-person instruction for students in self-contained special education classes. In such situations, schools and districts should first attempt to maintain full-time in-person instruction (i.e., having the students remain in school for the entirety of their school day). If this is not possible, schools and districts are encouraged to provide as many in-person services as possible on a part-time basis (such as having the students come into school for related therapies, social skills groups, or Applied Behavior Analysis (ABA) services). Finally, in-person services may be provided in the home or in community-based settings where feasible for students with significant and complex needs, if it is not possible to provide services in the school setting. In sum, schools and districts must make their best efforts to take all necessary steps to ensure that students with disabilities, particularly preschool-aged students and those with complex or significant needs, receive as many services as possible in-person, whether full-time, part-time or in a student's home or community-based setting (if feasible).

Learning Models

The sections below describe expectations for providing special education services through the three learning models schools and districts are expected to prepare prior to the reopening of school: in-person learning, hybrid learning and remote learning. While each model is described below, the Department re-emphasizes the importance of prioritizing in-person learning for students with disabilities, particularly preschool-aged students and those with complex and significant needs, if the school or district is unable to safely provide full-time in-person learning for all students.

1. **Full-time In-person Learning** (while meeting current health and safety requirements)

   - Considerations for maximizing in-person learning for students with disabilities should be made when developing schedules.
   - When considering staffing alternatives for reducing class size, students with disabilities must receive specialized instruction and supports from qualified professionals.
   - Flexible solutions for reducing the mixing of student groups should be considered to ensure students with disabilities are receiving services safely in the least restrictive environment.
   - When considering the use of alternative school spaces or external facility spaces, considerations for providing students with disabilities with inclusive learning must be made and placement of students with disabilities in groupings or cohorts that support learning goals in the least restrictive environment should be prioritized.
   - When planning for full-time in-person learning, schools and districts should carefully consider the specific needs of their students with disabilities. While having classes outdoors may be a possibility for many students, this option may not be suitable for some students with disabilities. For example, students with visual impairments may have light sensitivity and/or outdoor settings may be too distracting.
   - Identify staff trained in various areas of special education to be included in the COVID-19 Response Team.
   - Provide additional training time for educators who will provide direct physical support to students with disabilities on the use of the additional protective supplies they will need, including appropriately donning and doffing disposable gowns, face shields, etc.
   - Consider using strategies to pair peer models with students with disabilities to promote social interaction.

Districts and schools should partner with parents to support a smooth transition to re-opening of school, given the introduction of the new social distancing protocols and schedules. It is particularly important that educators work closely with parents of children who experience difficulty with changes in routine (for example, students with autism) or children who experience anxiety with such changes. (For example, schools and districts may create social stories or video introductions from providers and teachers, recorded tours of new buildings or programs, or

provide opportunities for students to ride new bus routes and visit new school buildings in person before the school year begins.)

2. Remote Learning

- All schools and districts are required to have a comprehensive plan for delivering special education instruction and services remotely. This model must be available for individual students who are not returning in-person, and for all students in the event of future classroom or school closures due to COVID-19.
- Remote learning in school year 2020-2021 is expected to be more robust than the models of remote learning implemented in the Spring of 2020 when schools and districts did not have time to fully plan for the changes in instruction and service delivery due to emergency school closures.
- During the Spring of 2020, the Department described two models of service delivery that could be used to satisfy the requirement to provide a FAPE to students with disabilities: Resources and Supports (e.g., sending packets and assignments home coupled with frequent communication with parents) and Instruction and Services (e.g., structured learning time, teletherapy and video conferencing). With the ability to plan for the possibility of remote service delivery during the 2020-2021 school year, schools and districts must be prepared to provide services through "Instruction and Services" mode of delivery. The "Resources and Supports" delivery model can only be used on a temporary basis for a limited period of time (no more than two weeks), until which time the school or district has overcome the hurdles preventing service delivery through an "Instruction and Services" delivery model.
- In accordance with 603 CMR 27.08(3)(b), as adopted by the Board of Elementary and Secondary Education on June 30, 2020, remote learning models shall include the following requirements:
  - Procedures for all students to participate in remote learning, including a system for tracking attendance and participation;
  - Remote academic work aligned to state standards; and
  - A policy for issuing grades for students' remote academic work. Teachers and administrators shall regularly communicate with students' parents and guardians, including providing interpretation and translation services to limited English proficient parents and guardians.
- For school year 2020-2021 Instruction and Services must include the following components:
  - A regular and consistent schedule of classes, interventions, services and therapies as required by the student's IEP, offered synchronously or asynchronously;
  - Structured learning time designed so that the student can access state standards; and

- Frequent interactions with teachers and other staff members to ensure participation.

The consistent schedule of classes, interventions, services and therapies must include time spent interacting directly with teachers and related service providers on a regular basis, as well as some independent work time, as appropriate, and opportunities for interacting with classmates. Synchronous remote lessons or tele-therapy sessions can be provided via telephone or video conferencing. Students might also benefit from asynchronous pre-recorded videos of lessons to follow at home. For students receiving the majority of their daily instruction through special education, teachers and therapists should assign supplemental work (beyond lessons taught synchronously or asynchronously) during the school day that can be accomplished independently with guidance from and accountability to the teacher or therapist.

- Schools and districts must support the infrastructure needed to put in place the required Instruction and Services, including availability of computer devices and internet connectivity in students' homes, appropriate communication platforms, and educator and parent training. Parent training topics might include the use of devices and electronic learning and communication platforms, troubleshooting technology issues, expectations for structured learning time, supporting students' social/emotional needs, etc., and trainings need to be offered in parent's primary language

3. Hybrid Learning

- When planning for hybrid learning models, consideration for continuing to maximize in-person learning for students with disabilities should be prioritized. Preschool-aged students with disabilities and students with significant and complex needs should be considered for continuous in-person learning to the greatest extent possible. For example, even if most students are not in school each day, schools should consider scheduling small groups of students with significant and complex disabilities for daily in-person instruction. Where appropriate, peers without disabilities should also be included to ensure inclusionary services.
- Learning and services provided remotely via a hybrid learning model must follow the guidance provided in the section below on Remote Learning. Similarly, learning and services provided in-person must follow guidance provided in the section above on Full-time In-person Learning while meeting the current health and safety requirements.
- In-person services offered within the student's home or in a community-based setting, particularly for students with significant and complex needs, can also be considered as part of a hybrid model to ensure that as many services as possible are provided in-person instead of remotely.

Promoting Inclusive Services and the Least Restrictive Environment (LRE)

When planning for the physical distancing requirements for students and adults in a classroom, schools and districts should be mindful of the additional special educators and related service providers who will need to enter the classrooms throughout the school day to provide services to students with disabilities in the least restrictive environment. As such, the following should be considered:

- Schools and districts should carefully develop classroom assignments and service delivery schedules for students with disabilities so that they receive services consistent with their IEPs in the least restrictive environment, as defined in 603 CMR 28.02(12), while also maintaining the current health and safety protocols.
  For example, special education teachers and related service providers (speech language pathologists, occupational therapists, etc.), could provide special education services in the general education setting ("B Grid") services remotely from within the school building via video conference, instead of coming into the classroom to provide services. This practice would help to minimize foot traffic in and out of classrooms while also providing access to services that support the inclusion of students with disabilities.
  To support this model, schools and districts could train paraprofessionals to serve as facilitators for push-in services. Training should address technology-related issues, such as device use, electronic platform use, troubleshooting procedures, and other student-specific needs and strategies.
- If service providers are not able to provide special education services in the general education setting remotely within the school building via video conference, those educators or related service providers should schedule services in a manner that maintains physical distancing requirements and avoids overlapping with other staff in the classroom or physical setting. Some classrooms might need to have a marginally reduced number of students in order to accommodate the additional educators and staff members who are needed to support students with disabilities throughout the school day.
- Schools and districts are encouraged to partner with parents to think creatively about how they can maintain opportunities for inclusion for students with disabilities. For example, students with disabilities often benefit from peer models, and providing inclusive groupings of students or using technology might help to support peer-to-peer connections while maintaining physical distancing requirements.

Parent Engagement

The Department strongly recommends that schools and districts cultivate excellent two-way communication with families. For example, schools and districts should ensure that classroom teachers, special education teachers, or related service providers communicate regularly with parents. The frequency and type of communication will vary depending on the child's individual needs, language and technology access barriers families may face supporting their children with remote learning and the preferred mode of communication. The Department recommends that

school personnel document all of their communication with parents. All written and oral communication must be provided in the primary language of the home and in language that is understandable to the general public. This includes translating district-wide and special education notification sent to families, as well as translating special education documents, schedules, and instructions; learning plans, IEPs, Progress Reports and using interpreters at IEP Team meetings.

Ongoing engagement will help educators, related service providers, and parents develop a comprehensive plan for students to receive individualized instruction and related services. IEP team members must consider information from parents regarding their children's experiences during the state of emergency, including primary areas of need, ability to access remote learning during these past months, and other information critical to meet students' needs as schools re-open. Keep in mind that school closure can be traumatic, students may have regressed, **and may have developed new disability-related areas of need, e.g. anxiety.** Since most students will have spent several months in the full-time company of their family or caregivers, schools and districts should take the opportunity to obtain as much data and information from parents and caregivers as possible. Schools and districts should use all available data to anticipate the student's present areas of need and levels of need during re-entry. In addition, it will help school personnel and families be prepared to quickly pivot should in-person services suddenly become unavailable. Ongoing engagement will also promote and sustain important connections between students and their teachers, a source of vital support and stability for students. Engagement between teachers and parents can occur through scheduled phone conversations, "office hours" when parents know they can reach teachers via phone or email, webinars for parents, etc.

Schools and districts should explain to parents how decisions will be made relative to health and safety issues as they come up during the 2020-21 school year. Parents need to know at the start of the school year that schools and districts must take into account many different factors in totality when making decisions about adjustments to health and safety guidelines. Certain issues cannot be divulged to parents due to student privacy and confidentiality protections (such as the ways in which an individual student's health needs might require unique health and safety protocols in a particular classroom). Student privacy and confidentiality must remain core to parent communications and should be respected by all parties.

Parent engagement is particularly crucial when determining if and how special education services will be provided differently as a result of the changes to the overall learning environment associated with any of the three models of instruction schools and districts might employ during the 2020-21 school year (in-person, hybrid or remote learning models). Teachers or IEP liaisons should contact the parents of their students as soon as possible to discuss how a given student's IEP services will be delivered if different than described in a student's IEP, giving particular consideration to potential changes to how and where special education services will be provided. Using input from that discussion, teachers or liaisons must provide parents with written notification containing specific information about how IEP services will be provided promptly at the start of the 2020-21 school year. For example, if during in-person learning, a student will receive related therapies via video conferencing while in the general education classroom, parents must receive written notification describing this different mode of delivering

IEP services. Examples of this written notification include the use of DESE's suggested Documentation of Modified In-Person, Remote or Hybrid Services template (forthcoming), Notice of Proposed School District Action (N1), letter or other written documentation.

If special education services are provided differently than as they are described in a student's IEP, parents must be notified in writing with specific information about how those services will be provided after they have discussed such matters with a teacher or IEP liaison. Written parent notification describing any differences in how special education services will be delivered should include how, where and when specialized services are being provided, and should be dated to reflect when services that are being provided differently begin. Parental consent is not required to implement modified in-person, hybrid or remote special education services; however, such documentation should describe the school's and district's efforts to provide services as closely aligned to the way they are described in the IEP as possible. Schools and districts can provide notification of remote services to families in multiple ways, e.g., U.S. mail, email, student information systems, or online communication platforms if schools and districts determine that parents can access online communications effectively. It is also critical to note that these notifications must be provided in the primary language of the home. Furthermore, special education interpreters must be fluent in the primary language of the home and in English and familiar with special education terminology so that information is accurate and conveyed in a manner that is understandable to the parent.

Developing Positive Behavior Supports and Safe Learning Environments

Schools and districts should continue to create safe and supportive learning environments and provide proactive support to prevent unwanted behaviors in each of the three learning models planned for the 2020-2021 school year. Proactive direct instruction for school- and class-wide routines, social skills instruction, individualized social stories, and other preventative measures will be necessary, particularly following the disruption to normal school routines. Schools and districts should engage in conversations with parents about how their child is doing emotionally and behaviorally, and partner with parents in planning for the transition to in-person learning. Schools and districts may also need to provide additional supports for promoting positive behavior and reducing challenging behavior as schools reopen. Students will reacclimate to learning and school life at different rates. Additional considerations regarding how anxiety and/or trauma may impact the reintegration into normal school life should be considered, including providing Tier 1, Tier 2, and Tier 3 supports available to students under a multi-tiered system of support.

Under the present circumstances, schools and districts should utilize disciplinary action as a last resort for students with disabilities exhibiting behavioral challenges. Wearing of masks, maintaining social distance, adapting to new routines and protocols, and other nuances related to changes in the learning and the school environment may be challenging or frightening for students with disabilities. Retraining and development of strategies that directly address student concerns regarding the pandemic itself and/or other current events should be integrated into lessons and/or classroom routines.

Before administering discipline, it is critical that special educators and school administrators determine if behaviors deemed inappropriate are a result of situations brought about by the pandemic, or if such behaviors are caused time away from in-person learning. Appropriate planning for newly-identified concerns should be part of reentry planning. In addition, restorative practices and other diversionary strategies should be utilized in place of punitive measures to help focus on correcting the concerning behavior. Additional de-escalation training and/or training on trauma-sensitive practices for staff including school resource officers may be needed to support the transition back to full-time in-person learning in an environment altered by public health and safety needs, and the potential of increased behavioral concerns.

Early Childhood Special Education and Preschool Children

Preschool children with and without disabilities are particularly in need of in-person services so that they can develop the socialization, motor and communication skills that are vitally important at this age. Schools and districts should prioritize in-person instruction for this age group but should also be prepared to adjust to hybrid or remote services if necessary. As stated previously in this document, providing services in a student's home if feasible might be a beneficial option, particularly if it is not possible to provide services in the school setting.

In general, public preschools should follow DESE guidance, but can consult guidance provided by the Department of Early Education and Care (EEC) for additional information. However, for public preschools that enroll children who are eligible for and receive a voucher for financial assistance for childcare that is issued by EEC, districts and schools should check in with their EEC regional funded program monitors for additional information.

District and school leaders should work with families to ensure family engagement strategies are in place, especially for families and children who are new to schools. For example, co-developing protocols and social stories that help children learn social distance guidelines with families can be helpful. For additional guidance for IEP matrices across environments to assist children and families to address goals throughout the day, please see this guidance on the Florida Technical Assistance and Training System.

Below are additional recommendations to consider when addressing the unique needs of preschool children with disabilities:

Transition from Early Intervention

An extension of Early Intervention (EI) services is available for children who turned 3 between March 15, 2020 and August 31, 2020. For those students, EI services can continue until special education eligibility determination can be completed and the child has transitioned to special education, or until October 15, 2020. Because as a result of the pandemic, many districts may have been unable to conduct evaluations, convene IEP meetings, and initiate services by the child's third birthday, districts can expect an increased number of children needing to complete the eligibility determination process and an increased number of children needing special education services. School and district leaders should be prepared to complete the transition

process, have completed assessments, and an IEP signed for this group of students by October 15, 2020.

In partnership with EI providers, districts should develop a plan that explicitly outlines the transition process for each child with extended EI services and who are potentially eligible for school-based services. Additional resources are available in the Technical Assistance Advisory SPED 2019-1: Transition from Early Intervention Programs to Early Childhood Special Education. Districts should establish policies and procedures addressing the potential increase in assessments and the increase of children requiring special education services and should consider allocating additional staff, as necessary to complete assessments. There are several currently available tools that can be used to complete remote or face-to-face eligibility determinations.

Natural Environments and LRE for Preschool Children

In addition to public preschool programs, the LRE for preschool children includes natural environments which are comprised of childcare centers, community centers and the home. By developing IEP Activity Matrices, childcare center staff and families can see how IEP goals can be addressed in a variety of environments. For sample IEP Activity Matrices, see the Florida Technical Assistance and Training System.

If children are attending childcare or Head Start programs, and IEP services are being provided, collaboration with the childcare staff is critical to ensure a smooth transition and delivery of IEP services. Public preschool staff and childcare staff should collaborate to ensure that special education services are being provided within current EEC guidelines as outlined below:

> The Requirements refer to "coordinating space and facilitating support services for children, including when identified on an Individualized Education Program (IEP) or Individualized Family Service Plan (IFSP)." Programs should interpret this to mean setting aside appropriate space for the remote services or tele-health services to take place, rather than attempting to receive visits from outside adults into the program.

The Department recognizes that schools and districts face unique challenges related to preschool programming for children without disabilities and therefore providing in-district inclusive education might be impacted. Districts that have part-time preschool programs and those that charge tuition are at an exceptional disadvantage. An updated process for seeking an alternative compliance waiver under 603 CMR 28.03(5) for inclusionary programs for young children during the COVID-19 pandemic is forthcoming.

Kindergarten Screening

Kindergarten screening requirements are set forth in 603 CMR 28.03(1)(d). Districts are required to screen three- and four-year old children for the Child Find process and for all children who are of age to enter kindergarten. The Department recognizes that because of the rapid shift to remote operation in the spring, kindergarten screening may have been delayed for some children. We recommend that schools and districts resume the screening process this summer (e.g., family interviews) using phone calls or virtual meetings. It may be helpful to complete in-person

screening when children return to school in the fall and have an opportunity to first adjust to being in the classroom environment. The exception to delays in screening protocols is if a student has a suspected disability and/or already has been referred for a special education evaluation; in these cases, the district should move forward in a timely manner with evaluation procedures.

In-person Instructional Environments and Physical Distancing for Preschool Children

When determining classroom arrangement to accommodate physical distancing requirements, schools and districts should factor in the additional special educators and related service providers who will need to enter the classroom to provide services for young children with disabilities in the least restrictive environment. In light of the Department's guidance that students at the elementary level remain in one classroom for the majority of the day, districts may want to consider whether pull-out services can be offered in accordance with the health and safety guidelines or, instead, if services should be pushed into the classroom.

Given the specific health and safety requirements, schools and districts should reconfigure space to discourage prolonged close contact and instead encourage activities that allow for children to spread out. Programs may use different means to divide classrooms as needed to support group sizes and promote distancing requirements. These may include movable walls, partitions, or other barriers that clearly define and separate areas, ideally clear partitions so that children can see and interact with each other, while maintaining physical distance. Barriers should be robust enough to keep children physically separated and prevent materials and toys from being shared.

- Schools and districts may also design their own strategies to implement this requirement, e.g., spacing chairs at tables, designing games and group activities where children may engage in play that can be spaced apart (for example, by using visual cues like hula hoops or developing social stories to support children in learning new rules), and increasing outdoor time.
- Visual supports and strategies for direct instruction for children to maintain physical distance and comply with other health and safety guidelines will be critical. For additional ideas related to supporting social/emotional instruction and positive behavior supports, visit the Pyramid Model Consortium's webpage.
- Educators may also develop individual bins with activities/materials that still foster social interactions such as music and dancing; additionally, educators could identify materials that stretch across learning centers so that children can be working together on projects while remaining physically distanced (e.g., mural size paper).
- The balancing of health and safety requirements with child development needs is something that will continue to evolve during this time of significant transition. The Department will rely on the expertise of educators to ensure daily schedules and activities are designed to foster physical distancing in the most effective way to mitigate virus spread while continuing to help children enjoy their day, support the development of social-emotional competencies, and foster learning.

Hybrid/Remote Learning Considerations for Preschool Children

As described above, the Department recommends that young children be prioritized for in-person instruction. If remote instruction becomes necessary, balance screen time and non-screen time by considering shorter virtual sessions and consider providing flexible offerings of live, recorded, small group instruction.

- Pre-recorded enrichment activities aimed at providing practice and/or generalization opportunities can be provided outside of live learning time.
- Keep learning opportunities interactive and similar to the routine of what children already were familiar with (e.g., circle songs, etc.) and when appropriate, pair new learning with familiar activities.
- Given the remote aspect of learning in these circumstances, educators should be mindful of wait times to maximize opportunities for as many children to be engaged.
- In-person services offered within the student's home, particularly for preschool age students with complex and significant disabilities, can also be considered as part of a hybrid model to ensure that as many services are provided in-person instead of remotely.

Monitoring Student Progress

School districts, collaborative programs, and approved special education day and residential school programs must continue to issue Progress Reports at least as often as report cards or progress reports are provided for students without disabilities, in accordance with 603 CMR 28.07(3). Progress Reports must be sent to families, guardians and state agencies involved with the student through mail, email, student information systems, or online communication platforms, and translated into the language of the home when required. The school must maintain documentation of when and to whom Progress Reports are issued.

Educators and service providers must collect data and use this data to monitor the student's progress to develop Progress Reports. If there are periods of remote learning, educators, service providers, parents, and students should review a student's IEP and identify the types of data that can be collected from the student, family, and home environment. Staff can reimagine their roles in a hybrid or remote context, e.g., by using a tracking sheet to collect data from student videos, interviewing parents and students, or using assessments. There are many resources to aid in this work, for example:

- The Texas Education Agency Phase 4 Remote Learning Plan Monitoring
- Student Progress Monitoring Tool for Data Collection and Graphing
- Measuring and Reporting Progress Toward Mastery of Annual Goals
- Data Collection During Distance Learning
- Using Google Drive to Collect Data for IEP Goals

Transition Services

Although in-person participation in community-based programs and inclusive concurrent enrollment programs at institutions of higher education may be limited at this time, schools and districts should make best efforts to develop plans collaboratively with community-based providers, colleges, parents/guardians, and students in order for students to access as much transition programming as possible. Current health and safety requirements must remain a priority when making decisions as to the extent that transition services are able to be accessed in community-based settings; however, it is highly recommended that in-person transition services resume as soon as it is safe to do so with the proper health and safety measures in place.

Initial Evaluations, Reevaluations and IEP Team Meetings

The Department recognizes that due to the closure of school buildings and settings and the unexpected suspension of in-person education in March, annual review Team meetings, evaluations and/or parts of evaluations may have been postponed. As we plan to return to in-person services and instruction, schools and districts will need to plan for addressing the backlog of assessments and meetings while simultaneously addressing the need to maintain timelines for annual review Team meetings and evaluations for students who are newly referred and/or due for an evaluation. Schools and districts should continue to follow the direction on meeting special education timelines as described in the Department's Implementation of Special Education Timelines During the COVID-19 State of Emergency.

IEP Teams must continue to conduct annual review Team meetings as they are due, in accordance with 603 CMR 28.04 (3). Districts are advised to update the IEP as though the student will be attending school full time in-person; however, given the unpredictable nature of the COVID-19 virus, schools and districts must be prepared to be adaptable in their approach to delivery of IEP services, based on the current health information and trends at that time. As was the case when schools closed in March, any changes to service delivery should be documented in writing to the parent.

It is important to note that a change in the delivery of services due to a school's change in learning model, in-person, hybrid or remote, as a result of COVID-19 **does not result in a change in placement**. The services outlined in the IEP remain and are considered "stay-put." Schools and districts must maintain open communication and collaboration with families as they respond to the trajectory of the virus and make decisions about the opening and/or closing of school buildings and settings and the learning models to be utilized.

Considerations for Students with Low Incidence Disabilities
- Students with high risk medical conditions

    o Parents/guardians of students with high risk medical conditions should be encouraged to consult their child's healthcare provider to discuss the appropriateness of attending in-person instruction. This includes students who depend on mechanical ventilation and students with tracheostomies. School health professionals should work with primary healthcare providers to identify alternatives to nebulizer treatments in the school setting and to inform decision-making relative to how the student can safely access in-person instruction.

- Students with visual impairments

    o General considerations
    - Students with visual impairments do not acquire information incidentally and often need additional instructional time devoted to visual efficiency, technology, orientation and mobility (O&M), recreation and leisure, self-determination, independent living skills, career education and compensatory skills, including communication.
    - Consider grouping students who need braille and/or tech instruction in centralized locations for specialized instruction in order to reduce Teachers of the Visually Impaired (TVIs) moving between several locations.
    - Academics of braille can be provided remotely; however, technique of braille and writing and reading should be prioritized for in-person learning.
    - O&M should be prioritized for in-person learning. Reteaching may be necessary once in-person learning resumes.

    o Technology Considerations
    - Use technology or software that allows screen sharing easily with the TVI to "see what they are seeing."
    - Provide braille notetakers with Wi-Fi access, braille curriculum materials, and braille production capability from home, if possible.
    - Be sure links and sites that are shared with the classroom are accessible to students with visual impairments.
    - Students with low vision may need a larger monitor to interact with class remotely and for others the visual multitasking required to participate in live remote classes may be too overwhelming. Pre-teaching and reinforcement may be needed to assist with processing the live lesson.

- Provide Bluetooth keyboards for students with visual impairments who have iPads to allow students to use accessibility keyboard shortcuts when in online platforms. Touchscreens have proven very difficult for students with visual impairments to use when accessing Google Meet or Zoom.
- Reinforce technology skills such as using screen reading or magnification software, teaching keyboarding skills, and learning to navigate and use the Windows or Mac environment so that they are (1) more easily able to access remote learning and (2) more independent with their technology.
- Provide accessible online typing program memberships to increase keyboarding skills for students with visual impairments to help ready them for more remote learning (Typio by Accessibyte is one option).
- Provide check-ins with the district assistive technology specialist, the student/parent and the TVI to make sure equipment is working and to take care of any accessibility problems.

- Students who are deaf or hard of hearing (DHH):

  - Consider the needs of students who must be able to see the lips of the speaker.
  - Purchase clear masks or shields, as needed, for staff.
  - Consider the need for an interpreter in the classroom for deaf or hard of hearing students and determine the logistics of social distancing and classroom setups.
  - Face shields and masks distort voice and are difficult with FM systems. The Massachusetts Commission for the Deaf and Hard of Hearing is working on resources to address FM system use and will disseminate these when they are available.

Staffing, Specialized Safety Supplies/Protective Equipment and Training

Due to the need to be closer than the minimum physical distancing requirements when instructing some students with disabilities, the Department recommends that school and district special education service providers follow the guidelines that the Center for Disease Control describes for "direct service providers". Direct service providers include personal care attendants, direct support professionals, paraprofessionals, therapists, related services personnel, assistants, school nurses, health office staff, and any other staff who must come into close contact with students with disabilities.

Direct service providers are essential for the health and well-being of the students they serve. Direct service providers should be aware of and trained on how COVID-19 spreads, risk factors, and prevention actions. Additional preventive measures may need to be taken depending on the activity and the risk level of that activity. Please note that DESE provided guidance on the provisioning of key safety supplies on June 5, 2020 in order to help schools and districts determine the quantities of the protective equipment described below:

Classification of Individual Wearing protective equipment	N95 or KN95 Respirator	Face Shield	Disposable Gowns	Disposable Gloves	Gowns/ Coveralls/ Other Body Covering	Cloth Face Covering	Disposable mask
DSPs in care areas of students with suspected COVID-19	X	X	X	X	X		X (with face shield if N95/KN95 not available)
DSPs in the same facility but not in the care areas for students with suspected COVID-19						X	
DSPs providing personal care to students without suspected COVID-19 but who may potentially be exposed to bodily fluids		X (preferred)		X			X
DSPs performing or present during aerosol generating procedures such as nebulizer treatments, chest PT, suctioning, trach care	X	X		X	X		
Transportation personnel/monitors who must come in direct physical contact with passengers (e.g. buckling/unbuckling, performing wheelchair safety services)				X		X	

Some students with disabilities will require unique supports that may make it less possible to practice physical distancing. In addition, some students with disabilities will not be able to wear cloth face masks as frequently or at all. In order to support such students safely, schools and districts must ensure that:

- Classrooms are adequately staffed, and in accordance with any approved student: licensed educator: aide ratios;
- Educators, related service providers, paraprofessionals and other staff members are prepared with any additional protective equipment that may be needed as unexpected situations arise, such as disposable gowns, face shields, etc.;
- When assessing the amount of protective equipment needed, considerations should be made for itinerant staff who interact with multiple groups of students in multiple locations, staff who perform tasks routinely that require close proximity and/or physical contact with students, and those who go out into the community to support students' educational programming;

- All staff members using additional protective equipment are properly trained to accommodate children's needs (See BU SHIELD COVID-19 training resources for videos, posters and other training materials); and
- Families are consulted as partners to ensure the health and safety of students.

MASSACHUSETTS DEPARTMENT OF ELEMENTARY AND SECONDARY EDUCATION

To support our priority goal of getting students back to in-person learning, safely, DESE is asking school officials to change classroom configurations to space students farther apart from each other, set up additional classrooms in libraries, auditoriums, and cafeterias, and make scheduling changes.

As reviewed and advised by the Massachusetts COVID-19 Command Center Medical Advisory Board, schools are encouraged to aim for a physical distance of 6 feet when feasible, while 3 feet is the minimum distance allowed as informed by evidence. There is no maximum number for group size, so long as schools adhere to the physical distancing requirements. We encourage schools to physically measure each classroom in addition to using the parametric tool to make sure that space is being maximized to the extent possible.

Classroom Diagrams

- The illustrative diagrams provide administrators and teachers ideas about how to space desks to maximize the number of students in a classroom, using "seat edge" to "seat edge" measurements.

- The diagrams were developed after touring several classrooms and take into account typical desk sizes.

- The diagrams are intended to help school officials begin to think about how to arrange classrooms to determine what is feasible to return as many students as possible to classrooms, safely.

Best Practices for Classroom Setup

1. **Physical distancing:** To the extent possible, aim for desks to be spaced six feet apart, but no fewer than three feet apart, (edge-of-seat to edge-of-seat) and facing the same direction.

2. **Teacher space:** Allow adequate **space for teachers** to ensure safe physical distance from students.

3. **Furniture:** Consider **removing non-essential furniture** out of classrooms. Explore **storage options** in advance.

4. **Communal areas:** Consider **repurposing communal areas** for additional classrooms.

5. **Other constraints:** When estimating capacity, consider additional constraints that reduce usable desk space (e.g., emergency fire egress, radiators, immovable furniture, desk/furniture size and type, camera angles for synchronous learning).

Example A1: Fits ~32 individual desks with 3' physical distancing

(Dimensions: 750 sq. ft., 25' x 30'); with all furniture/equipment removed
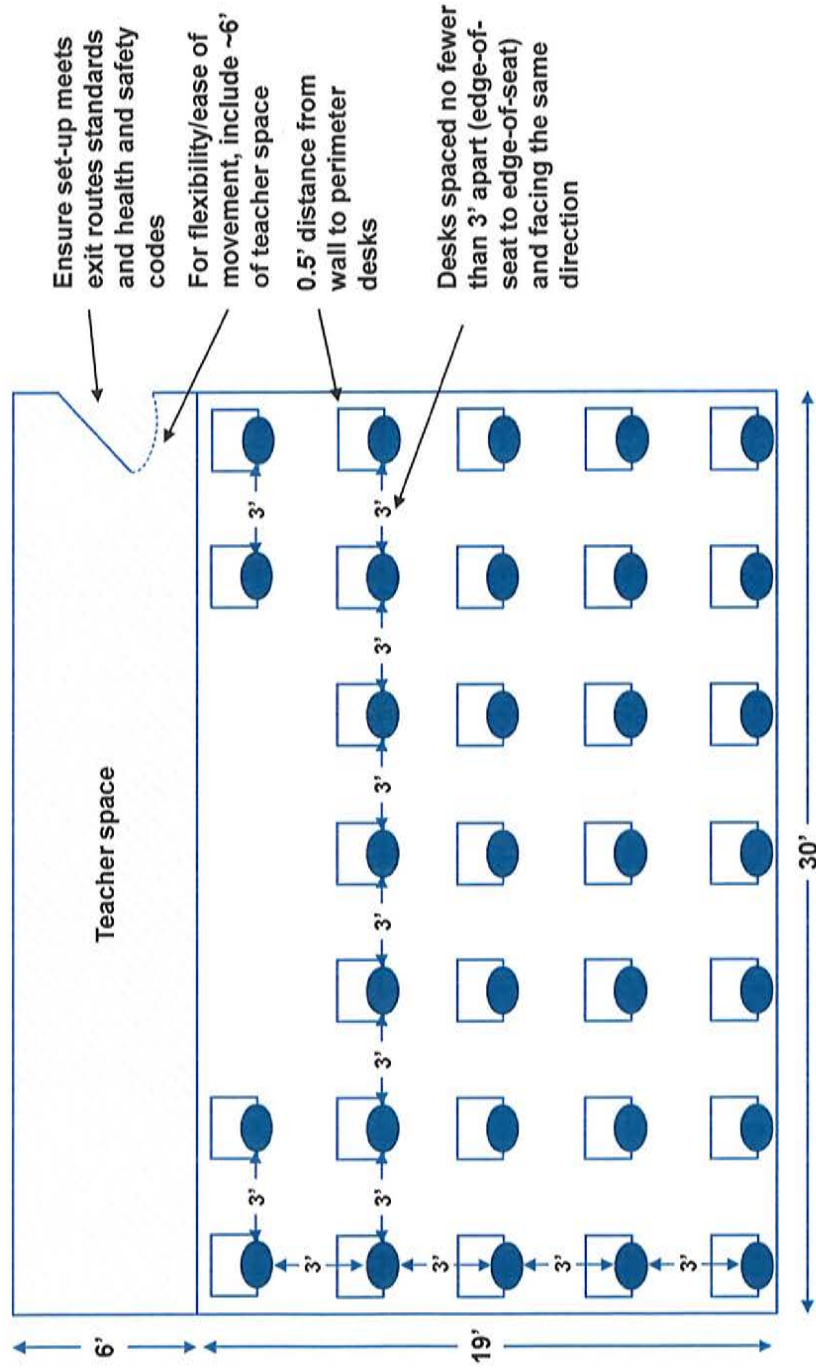
- Estimated 750 ft² capacity: ~32 students (with furniture/equipment removed)
- Capacity estimates will vary depending on classroom shape, desk size/type, immovable furniture, storage capabilities, etc.
- In this scenario, calculated 3' distance based on edge-of-seat to edge-of seat (desk-to-desk measurement would decrease classroom capacity)[1]

[1] Assumed 1.5' seat width, 2' desk width

Ensure set-up meets exit routes standards and health and safety codes

For flexibility/ease of movement, include ~6' of teacher space

0.5' distance from wall to perimeter desks

Desks spaced no fewer than 3' apart (edge-of-seat to edge-of seat) and facing the same direction

Teacher space

6'

19'

30'

3'

DRAFT for discussion only

Example A2: Fits ~25 individual desks with 3' physical distancing
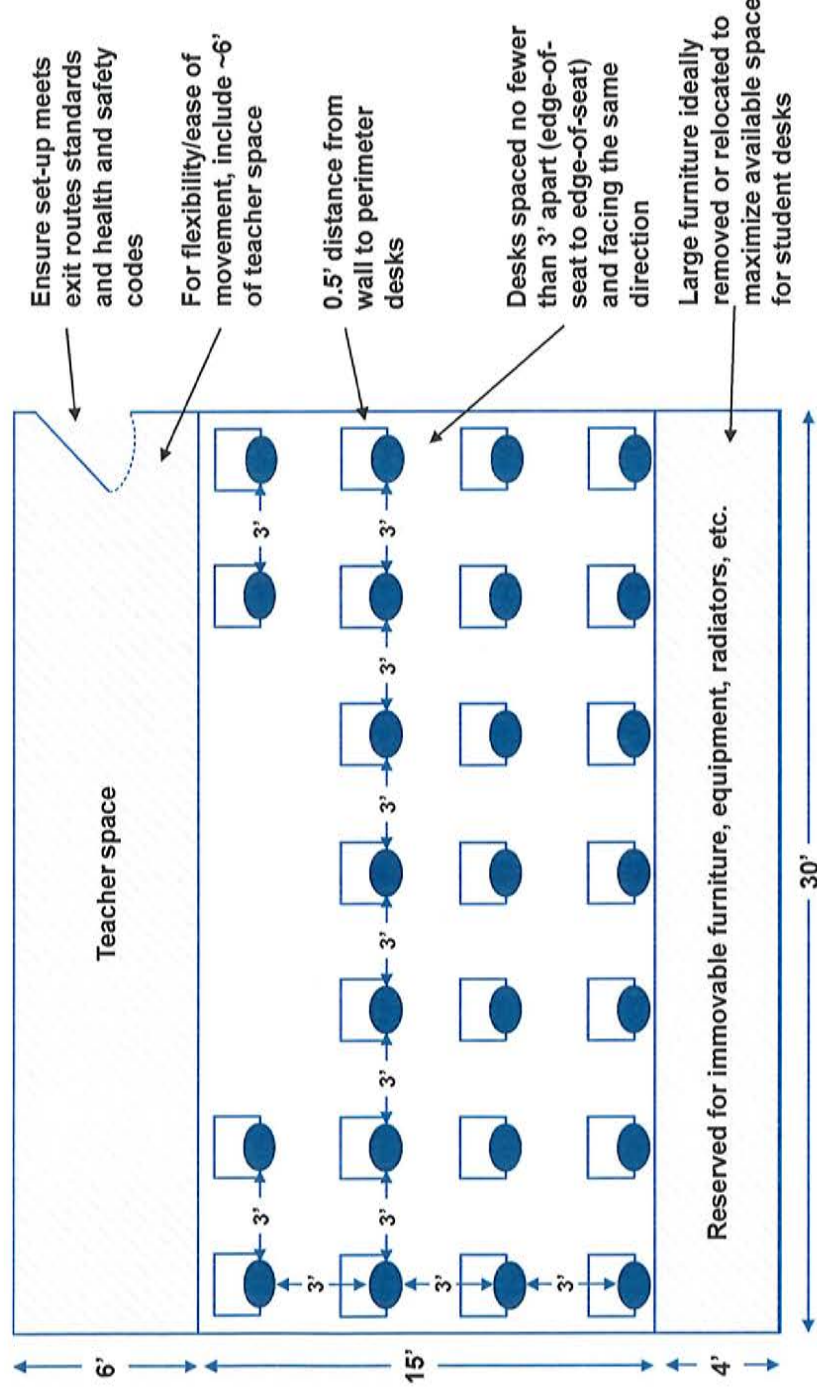
(Dimensions: 750 sq. ft., 25' x 30')

- Estimated 750 ft² capacity: ~25 students
- Capacity estimates will vary depending on classroom shape, desk size/type, immovable furniture, storage capabilities, etc.
- In this scenario, calculated 3' distance based on edge-of-seat to edge-of seat (desk-to-desk measurement would decrease classroom capacity)[1]

[1] Assumed 1.5' seat width, 2' desk width

Ensure set-up meets exit routes standards and health and safety codes

For flexibility/ease of movement, include ~6' of teacher space

0.5' distance from wall to perimeter desks

Desks spaced no fewer than 3' apart (edge-of-seat to edge-of-seat) and facing the same direction

Large furniture ideally removed or relocated to maximize available space for student desks

Teacher space

Reserved for immovable furniture, equipment, radiators, etc.

6' 15' 4' 30' 3'

DRAFT for discussion only

4

Example A3: Fits ~30 individual desks with 3' physical distancing

(Dimensions: 750 sq. ft., 25' x 30'); with all furniture/equipment removed)
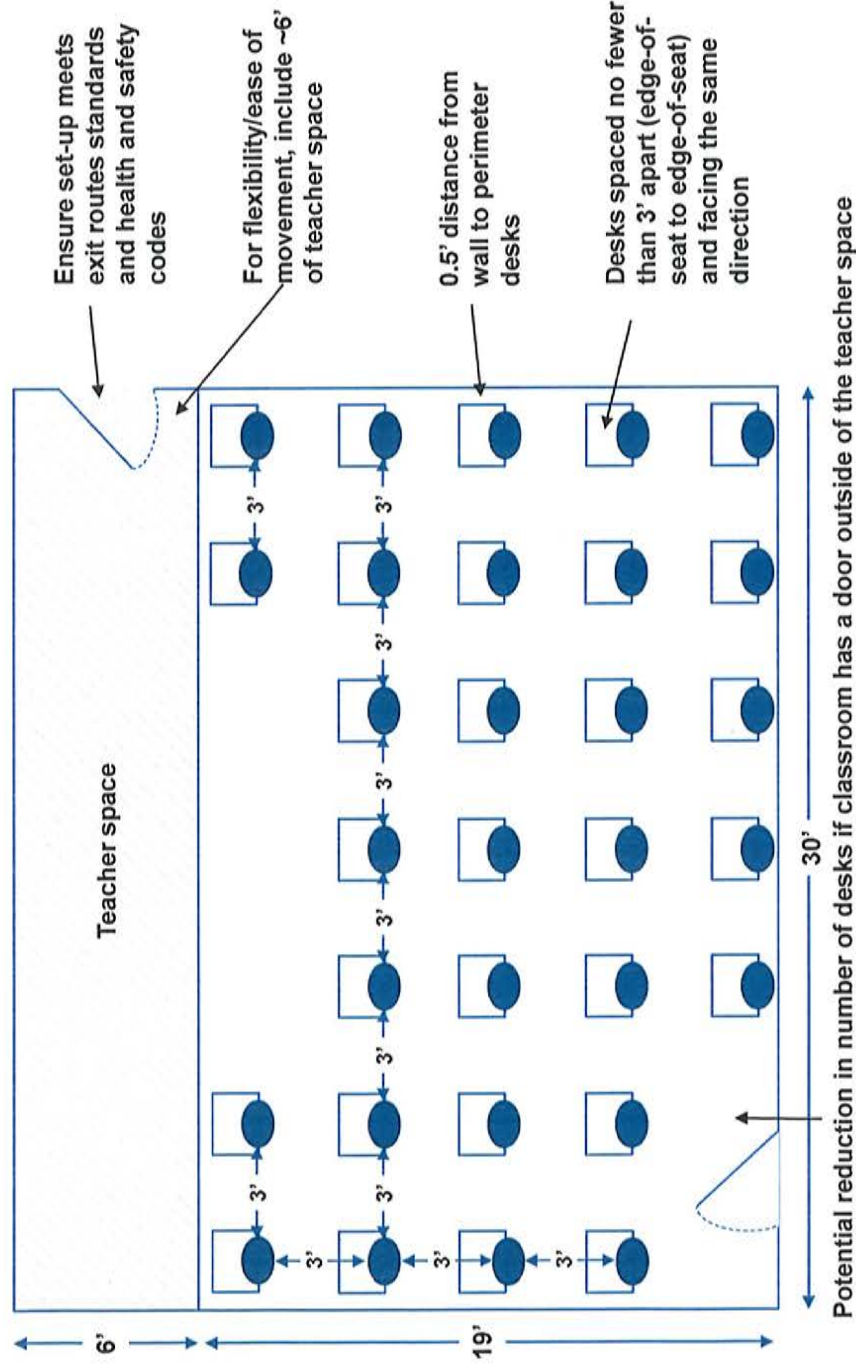
- Estimated 750 ft^2 capacity: ~30 students (with furniture/equipment removed)
- Capacity estimates will vary depending on classroom shape, desk size/type, immovable furniture, storage capabilities, etc.
- In this scenario, calculated 3' distance based on edge-of-seat to edge-of-seat (desk-to-desk measurement would decrease classroom capacity)[1]

[1] Assumed 1.5' seat width, 2' desk width

Ensure set-up meets exit routes standards and health and safety codes

For flexibility/ease of movement, include ~6' of teacher space

0.5' distance from wall to perimeter desks

Desks spaced no fewer than 3' apart (edge-of-seat to edge-of-seat) and facing the same direction

Teacher space

Potential reduction in number of desks if classroom has a door outside of the teacher space

6'

19'

30'

3'

DRAFT for discussion only

Example A4: Fits ~23 individual desks with 3' physical distancing
(Dimensions: 750 sq. ft., 25' x 30')

Ensure set-up meets exit routes standards and health and safety codes

For flexibility/ease of movement, include ~6' of teacher space

0.5' distance from wall to perimeter desks

Desks spaced no fewer than 3' apart (edge-of-seat to edge-of-seat) and facing the same direction

Large furniture ideally removed or relocated to maximize available space for student desks

Teacher space

Reserved for immovable furniture, equipment, radiators, etc.

- Estimated 750 ft² capacity: ~23 students

- Capacity estimates will vary depending on classroom shape, desk size/type, immovable furniture, storage capabilities, etc.

- In this scenario, calculated 3' distance based on edge-of-seat to edge-of seat (desk-to-desk measurement would decrease classroom capacity)[1]

[1] Assumed 1.5' seat width, 2' desk width

Potential reduction in number of desks if classroom has a door outside of the teacher space

DRAFT for discussion only

6

6'

15'

4'

30'

3'

Example B1: Fits ~28 4' dual desks with 3' physical distancing
(Dimensions: 750 sq. ft., 25' x 30'); with all furniture/equipment removed

Ensure set-up meets exit routes standards and health and safety codes

For flexibility/ease of movement, include ~6' of teacher space

Desks spaced no fewer than 3' apart and facing the same direction

4' desks intended for two students can only accommodate one under distancing requirements

Teacher space

- Estimated 750 ft² capacity: ~28 students (with furniture/equipment removed)
- Capacity estimates will vary depending on classroom shape, desk size/type, immovable furniture, storage capabilities, etc.
- In this scenario, calculated 3' distance based on edge-of-seat to edge-of seat (desk-to-desk measurement would decrease classroom capacity)[1]

[1] Assumed 1.5' seat width, 4' desk width

DRAFT for discussion only

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Example B2: Fits ~22 4' dual desks with 3' physical distancing

(Dimensions: 750 sq. ft., 25' x 30')

Ensure set-up meets exit routes standards and health and safety codes

For flexibility/ease of movement, include ~6' of teacher space

Desks spaced no fewer than 3' apart and facing the same direction

4' desks intended for two students can only accommodate one under distancing requirements

Large furniture ideally removed or relocated to maximize available space for student desks

Teacher space

Reserved for immovable furniture, equipment, radiators, etc.

2'

3' 3' 3' 3' 3' 3' 3'

3' 3' 3'

2'

6'

15'

4'

30'

- Estimated 750 ft^2 capacity: ~22 students

- Capacity estimates will vary depending on classroom shape, desk size/type, immovable furniture, storage capabilities, etc.

- In this scenario, calculated 3' distance based on edge-of-seat to edge-of seat (desk-to-desk measurement would decrease classroom capacity)[1]

[1] Assumed 1.5' seat width, 4' desk width

DRAFT for discussion only

Example B3: Fits ~26 4' dual desks with 3' physical distancing

(Dimensions: 750 sq. ft., 25' x 30'); with all furniture/equipment removed

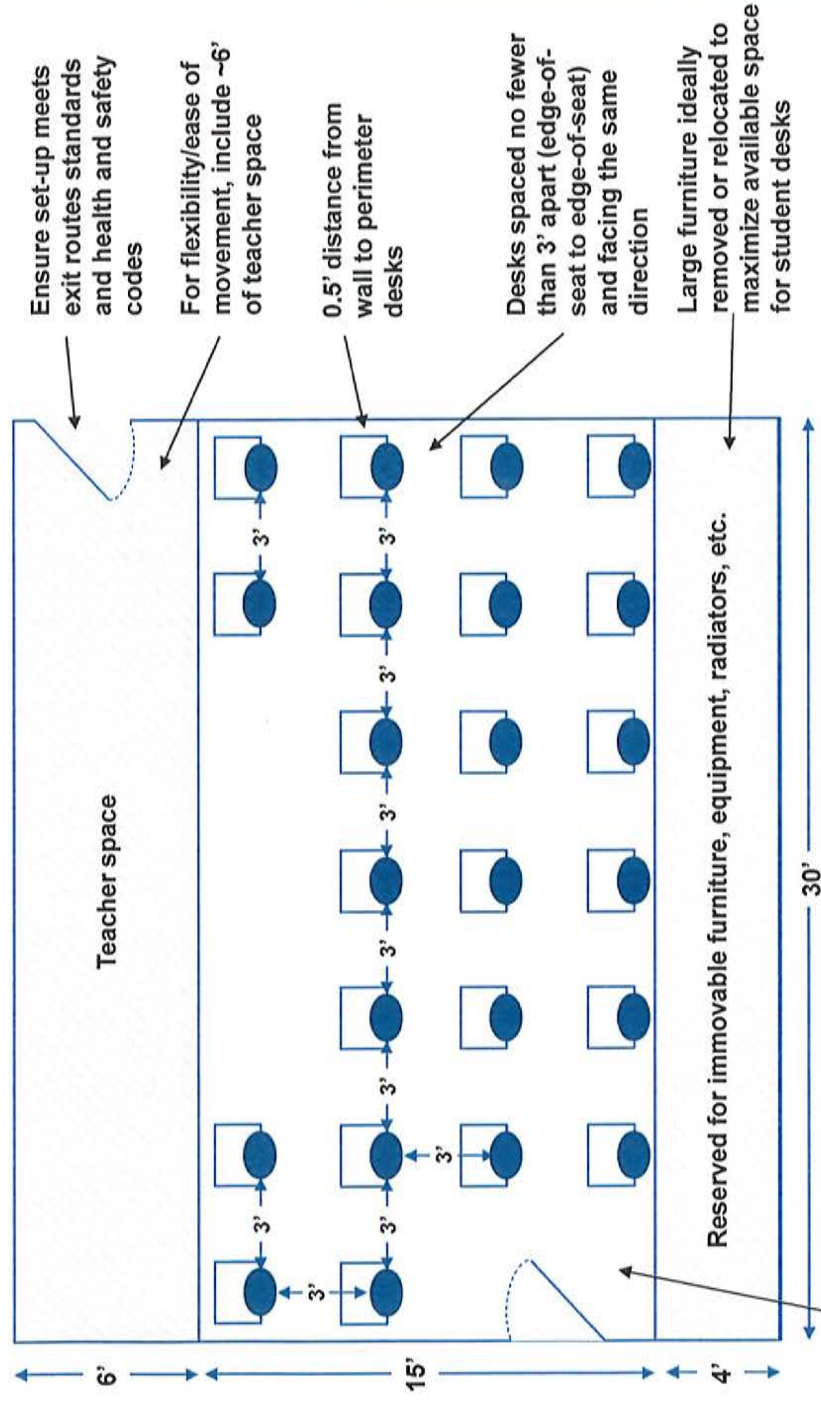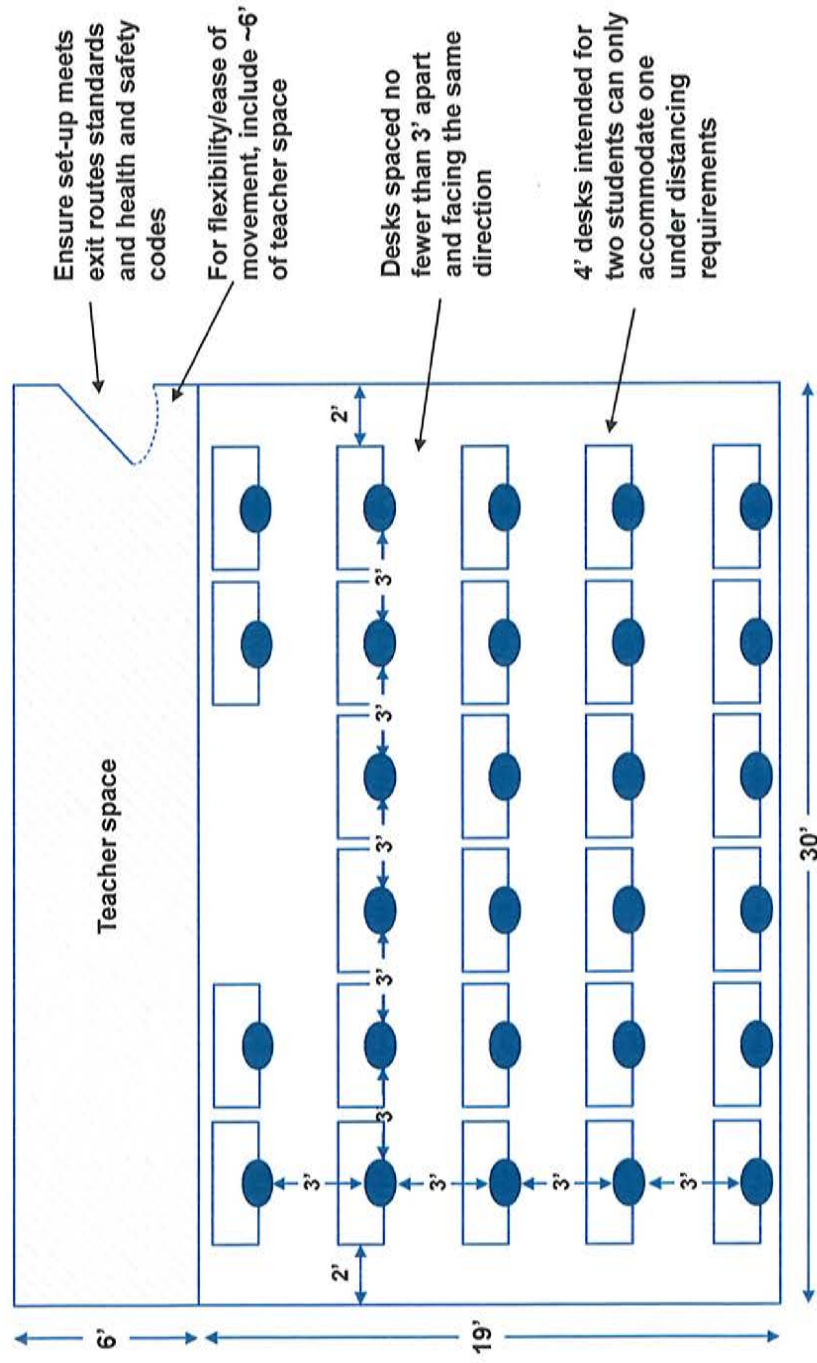Ensure set-up meets exit routes standards and health and safety codes

For flexibility/ease of movement, include ~6' of teacher space

Desks spaced no fewer than 3' apart and facing the same direction

4' desks intended for two students can only accommodate one under distancing requirements

Teacher space

6'

19'

2'

2'

3'

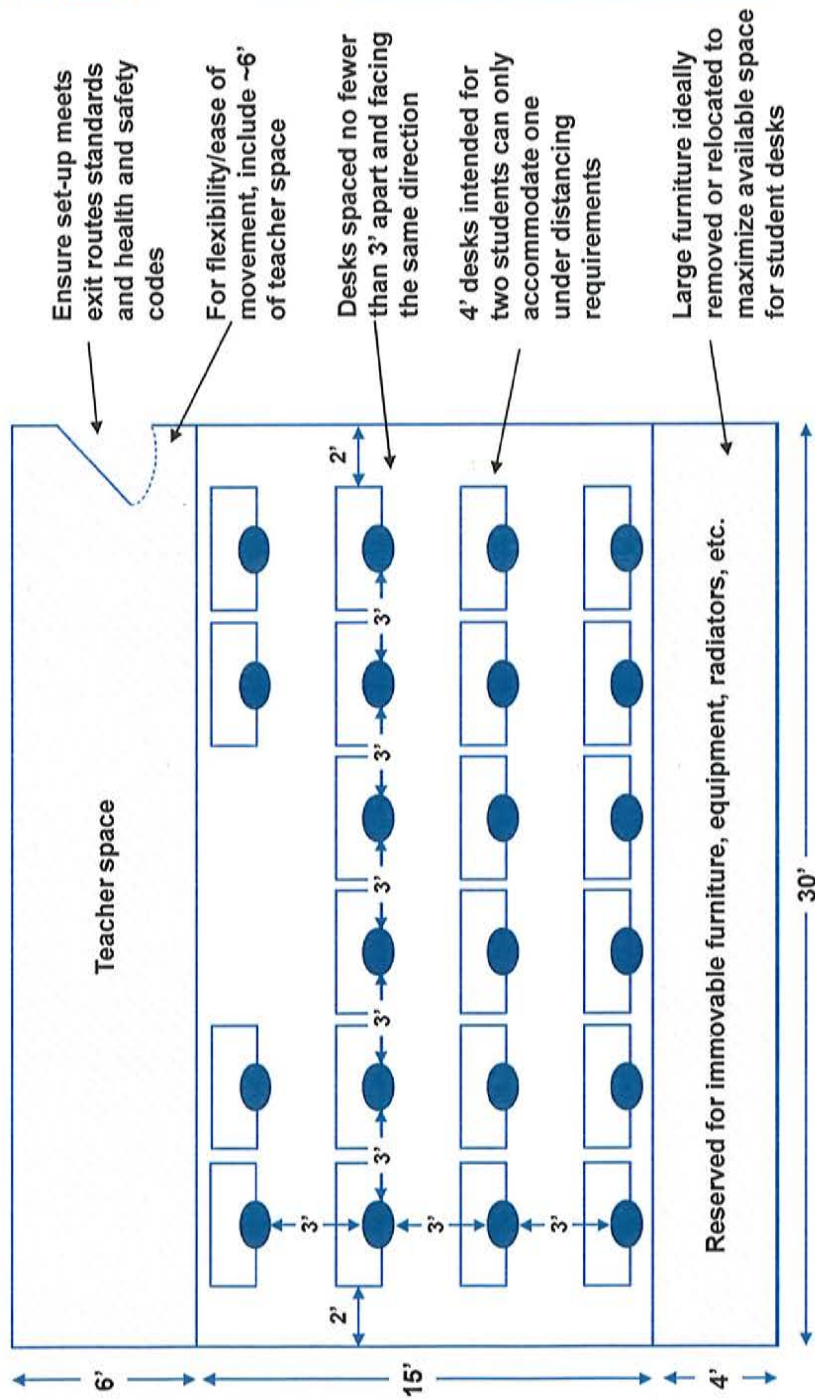3'

3'

3'

3'

3'

3'

30'

- Estimated 750 ft² capacity: ~26 students (with furniture/equipment removed)

- Capacity estimates will vary depending on classroom shape, desk size/type, immovable furniture, storage capabilities, etc.

- In this scenario, calculated 3' distance based on edge-of-seat to edge-of seat (desk-to-desk measurement would decrease classroom capacity)[1]

[1] Assumed 1.5' seat width, 4' desk width

Potential reduction in number of desks if classroom has a door outside of the teacher space

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Example B4: Fits ~20 4' dual desks with 3' physical distancing
(Dimensions: 750 sq. ft., 25' x 30')
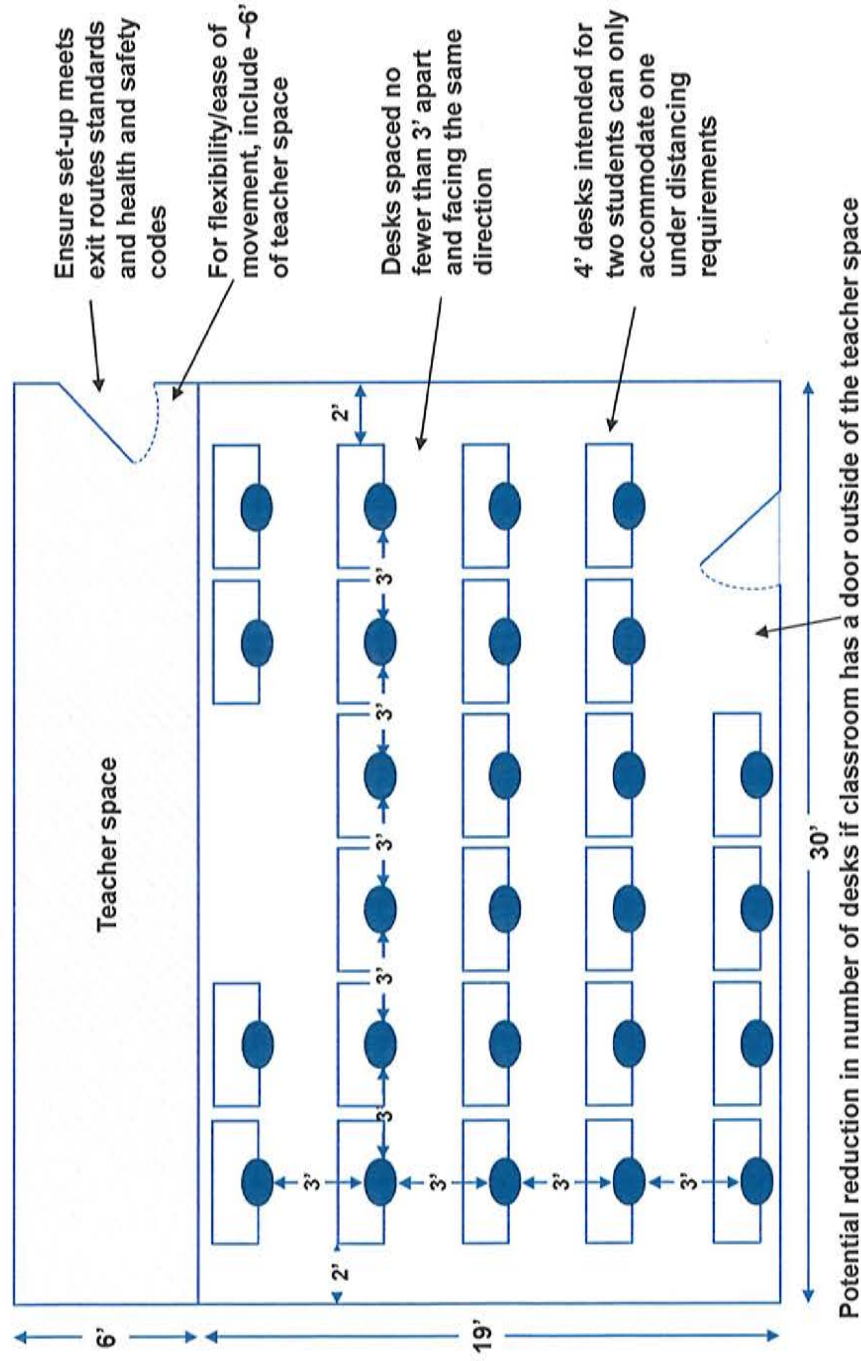

- Estimated 750 ft^2 capacity: ~20 students

- Capacity estimates will vary depending on classroom shape, desk size/type, immovable furniture, storage capabilities, etc.

- In this scenario, calculated 3' distance based on edge-of-seat to edge-of seat (desk-to-desk measurement would decrease classroom capacity)[1]

[1] Assumed 1.5' seat width, 4' desk width

Ensure set-up meets exit routes standards and health and safety codes

For flexibility/ease of movement, include ~6' of teacher space

Desks spaced no fewer than 3' apart and facing the same direction

4' desks intended for two students can only accommodate one under distancing requirements

Large furniture ideally removed or relocated to maximize available space for student desks

Teacher space

Reserved for immovable furniture, equipment, radiators, etc.

Potential reduction in number of desks if classroom has a door outside of the teacher space

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Example C1: Fits ~27 individual desks with 3' physical distancing

(Dimensions: 750 sq. ft., 30' at widest / 20 at narrowest x 30')

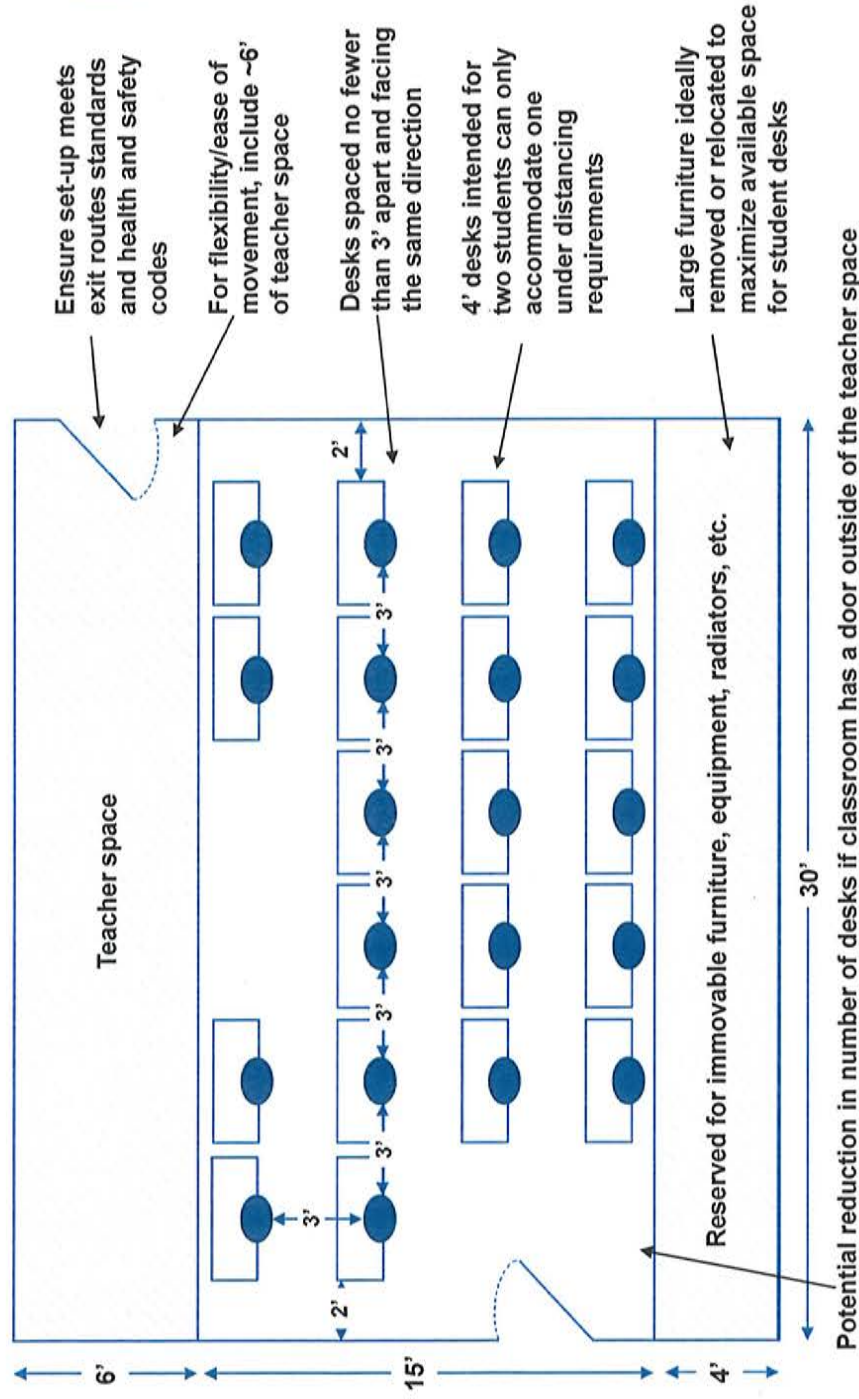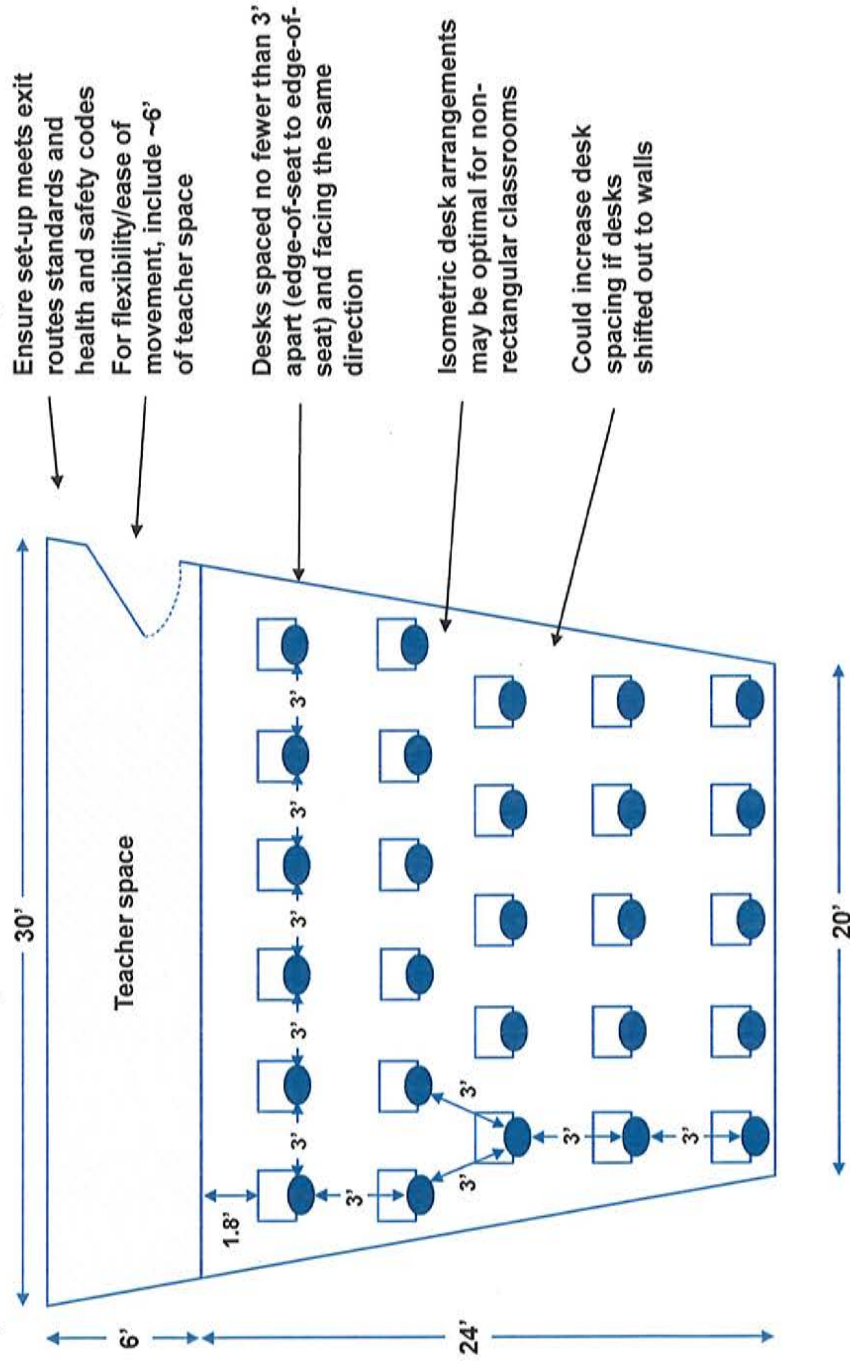- Estimated 750 ft² capacity: ~27 students
- Capacity estimates will vary depending on classroom shape, desk size/type, immovable furniture, storage capabilities, etc.
- In this scenario, calculated 3' distance based on edge-of-seat to edge-of seat (desk-to-desk measurement would decrease classroom capacity)[1]

[1] Assumed 1.5' seat width, 2' desk width

Ensure set-up meets exit routes standards and health and safety codes

For flexibility/ease of movement, include ~6' of teacher space

Desks spaced no fewer than 3' apart (edge-of-seat to edge-of-seat) and facing the same direction

Isometric desk arrangements may be optimal for non-rectangular classrooms

Could increase desk spacing if desks shifted out to walls

Teacher space

30'   20'   6'   24'   1.8'   3'

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Example C2: Fits ~24 individual desks with 3' physical distancing

(Dimensions: 750 sq. ft., 30' at widest / 20 at narrowest x 30')

- Ensure set-up meets exit routes standards and health and safety codes
- For flexibility/ease of movement, include ~6' of teacher space

- Isometric desk arrangements may be optimal for non-rectangular classrooms

- Desks spaced no fewer than 3' apart (edge-of-seat to edge-of-seat) and facing the same direction

- Could increase desk spacing if desks shifted out to walls

- Large furniture ideally removed or relocated to maximize available space for student desks
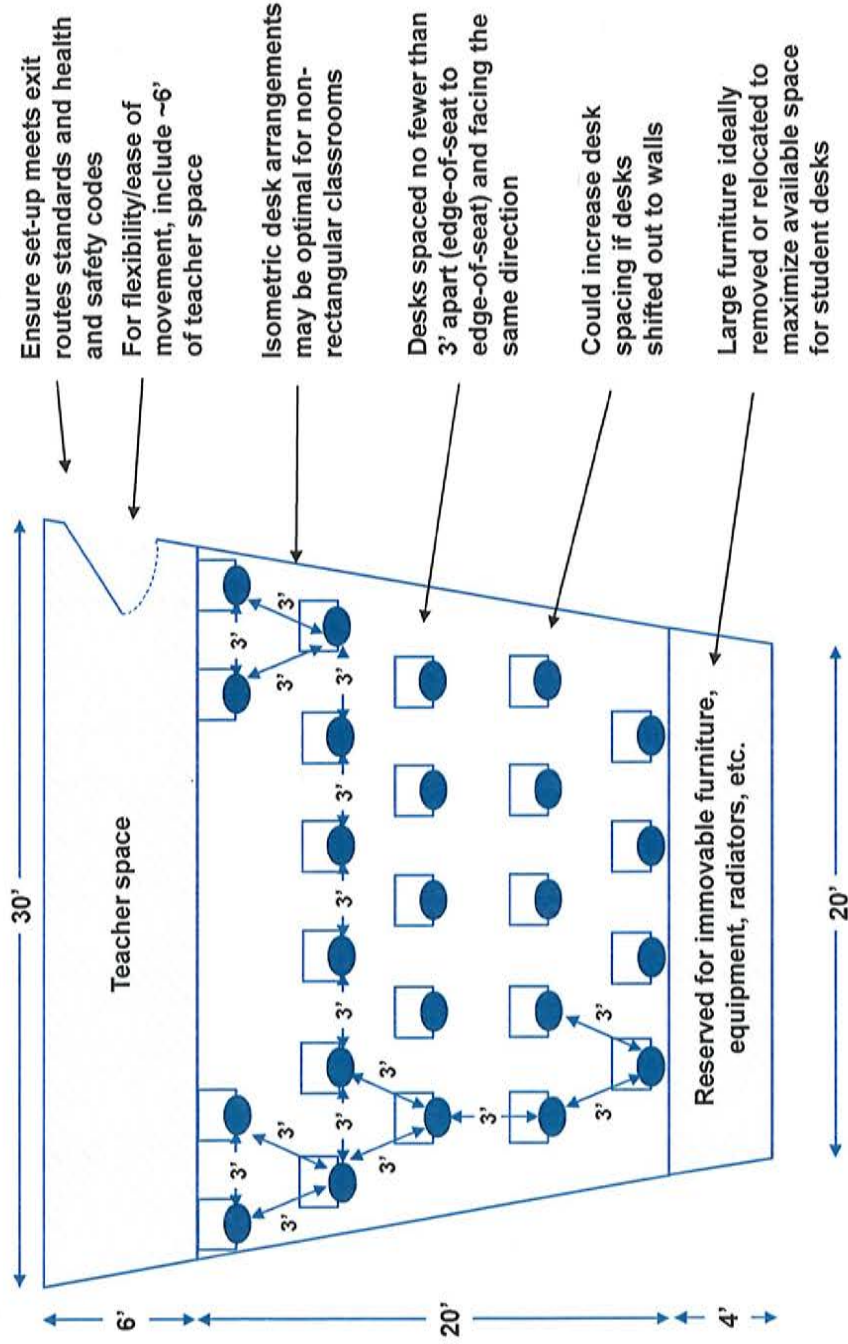
- Estimated 750 ft² capacity: ~24 students
- Capacity estimates will vary depending on classroom shape, desk size/type, immovable furniture, storage capabilities, etc.
- In this scenario, calculated 3' distance based on edge-of-seat to edge-of seat (desk-to-desk measurement would decrease classroom capacity)[1]

[1] Assumed 1.5' seat width, 2' desk width

Teacher space

Reserved for immovable furniture, equipment, radiators, etc.

30'

6'

20'

20'

4'

3'

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Protocols for responding to COVID-19 scenarios in school, on the bus, or in community settings

July 17, 2020

Introduction and overview

As a supplement to DESE's Initial Fall School Reopening Guidance, we are providing districts and schools with additional information on protocols for responding to specific COVID-19 scenarios this fall. Protocols from the Centers for Disease Control (CDC) related to this topic may be released in the coming weeks and this guidance may be updated accordingly. We will also be providing additional clarifying information through our FAQ process.

This guidance provides more information and protocols to answer the following questions:
- What should a district do if there is a symptomatic individual – at home, on the bus, or at school?
- What should a district do if someone in the school community tests positive for COVID-19 – be it a student, teacher, staff, or bus driver, or one of their household members or close contacts?
- Who should get tested for COVID-19 and when?
- In what circumstances would someone need to quarantine (when they have been exposed but are not sick) or isolate (when they are sick)?
- What should school districts do to monitor COVID-19 spread in their communities?

In our Initial Fall School Reopening Guidance, we put forth the goal of the **safe** return of as many students as possible to in-person learning. At the same time, we asked districts to plan for all contingencies by asking for three reopening models.

A safe return to in-person school environments will require a culture of health and safety every step of the way. Specifically:
- **It is not one mitigation strategy but a _combination_ of all these strategies taken together that will substantially reduce the risk of transmission.** No single strategy can ever be perfect, but all strategies together will reduce risk. In addition, although we are currently in Phase 3 of Reopening Massachusetts, it will take collective continued vigilance towards health and safety measures to continue to contain COVID-19.
- **Staff must monitor themselves for symptoms daily and students, with the assistance of families, must also be monitored daily for symptoms. Staff and students must stay home if feeling unwell.** Everyone must do their part to protect others and not come to school if they are exhibiting any COVID-19 symptoms or are feeling sick.
- **Masks are among the most important single measures to contain the spread of COVID-19.** We require students second grade and above and all staff to wear masks that _**adequately cover both their nose and mouth**_. Younger children are strongly encouraged to wear masks. Exceptions must be made for students with medical, behavioral, or other challenges who are unable to wear masks/face coverings.

- **Hand hygiene is critical.** Students and staff are required to exercise hand hygiene (handwashing or sanitizing) upon arrival to school, before eating, before putting on and taking off masks, and before dismissal.
- **Physical distance greatly reduces the risk of transmission.** As COVID-19 is transmitted through respiratory droplets, putting distance between yourself and others reduces risk. In classroom settings, when all parties are wearing masks, a minimum of 3 feet of separation is needed; if one or both parties are not wearing masks, 6 feet is needed. (Kindergarten and first grade students without masks may be 3 feet apart, but no less, which is permissible given the lower susceptibility of the age group).
- **Cohorts/assigned seating.** Students organized in groups/classrooms and other cohorts help mitigate transmission of the virus. Assigned seating is important because it effectively creates even smaller groups within cohorts which minimize transmission. Assigned seats can also assist with contact tracing. Wherever possible, seats should be assigned (including classroom, bus, meals).

To support a culture of health and safety, **schools must have robust and reliable ways to communicate with all families, students, teachers, and staff** in order to send and receive key messages related to COVID-19.

Preparing to respond to COVID-19 scenarios
Even as we remain vigilant, and public health metrics in Massachusetts remain positive, the risk of exposure to COVID-19 in school will not be zero. As we prepare to reopen schools, we must also prepare to respond to potential COVID-19 scenarios, whether in school, on the bus, or in our communities. Depending on the circumstances, a positive COVID-19 test, a potentially symptomatic student, or exposure to someone in the outside community who has COVID-19 can each have health, safety, and operational implications.

Be prepared to provide remote learning
When students must stay home for quarantine or isolation, teaching and learning should not stop. It is the school's duty to provide remote learning for students who cannot be in school for any extended period of time.

Testing, tracing, and isolation
It is important to note that testing, combined with contact tracing and isolation, helps control the spread of COVID-19 in Massachusetts. All test results, both positive and negative, are reported to the Massachusetts Department of Public Health (DPH). When a person has a positive COVID-19 test, it is the local board of health or the Massachusetts Community Tracing Collaborative that will reach out to provide support so that these individuals can remain safely in medical isolation. They will also ask for help to identify close contacts. These organizations will then reach out to the individual's close contacts to provide important information that is aimed to stop the spread of the virus, including how to safely isolate/quarantine. While these organizations will provide support, to further assist with contact tracing the student/family and staff are asked to reach out to their personal contacts and notify the school.

Self-isolation for COVID-19 positive cases is a minimum of 10 days
Most people who test positive and have a relatively mild illness will need to stay in self-isolation for at least 10 days. People who test positive can resume public activities after 10 days and once they have:

   a. gone for 3 days without a fever (and without taking fever-reducing medications like Tylenol); and
   b. experienced improvement in other symptoms (for example, their cough has gotten much better); and
   c. received clearance from public health authority contact tracers (the local board of health or Community Tracing Collaborative).

Repeat testing prior to return is not recommended. Return to school should be based on time and symptom resolution.

Close contacts of a positive COVID-19 case should be tested. For general guidance, DPH defines close contact as:[1]

   • Being within less than 6 feet of COVID-19 case for at least 10-15 minutes. Close contact can occur while caring for, living with, visiting, or sharing a healthcare waiting area or room with a COVID-19 case while the case was symptomatic or within the 48 hours before symptom onset, OR
   • Having direct contact with infectious secretions of a COVID-19 case (e.g., being coughed on) while not wearing recommended personal protective equipment.

In school settings, close contacts include other students and staff who were within 6 feet of the student or staff for at least 10-15 minutes in a classroom, in other school spaces, on the bus, or at an extracurricular activity. In elementary and other school situations where the students are in self-contained classrooms for an extended period, all students/staff within this "cohort" are considered close contacts as they may have been within 6 feet of the person with a positive test result. Possible close contacts should not come back to school until they have been tested (or elected instead to self-quarantine for 14 days). If an individual tests positive for COVID-19, then self-isolation is for a minimum of 10 days **and** until at least three days have passed with no fever and improvement in other symptoms as noted. If the test is negative, the student/staff can return to school if asymptomatic and wearing a mask.

Most common symptoms of COVID-19 and testing requirements

The single most important thing to do if any of the following symptoms are present is to **STAY HOME**. Our collective health relies, in part, on individual attention and responsibility. Note that some symptoms of COVID-19 are the same as the flu or a bad cold; please do not assume it is another condition. When in doubt, stay home.

Please STAY HOME if you have any of the symptoms listed.

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[1] https://www.mass.gov/doc/covid-19-testing-guidance/download

Below is the full list of symptoms for which caregivers should monitor their children, and staff should monitor themselves:[2] [3]

- ❑ Fever (100.4° Fahrenheit or higher), chills, or shaking chills
- ❑ Cough (not due to other known cause, such as chronic cough)
- ❑ Difficulty breathing or shortness of breath
- ❑ New loss of taste or smell
- ❑ Sore throat
- ❑ Headache *when in combination with other symptoms*
- ❑ Muscle aches or body aches
- ❑ Nausea, vomiting, or diarrhea
- ❑ Fatigue, when in combination with other symptoms
- ❑ Nasal congestion or runny nose (not due to other known causes, such as allergies) *when in combination with other symptoms*

If staff or students have any of these symptoms, <u>they must get a test for active COVID-19 infection prior to returning to school.</u>

Every school should have a list of available test sites.[4] A list of test sites is available here, and Massachusetts also has an interactive testing map. Staff and students who have symptoms should also contact their primary care physician for further instructions. More information related to the availability of testing will be provided later this summer.

Please turn to the next page for information on protocols for possible COVID-19 scenarios.

[2] Massachusetts DPH, Testing of Persons with Suspect COVID-19. (2020, May 13).
[3] https://www.cdc.gov/coronavirus/2019-ncov/symptoms-testing/symptoms.html
[4] A list of test sites is available here; this is Massachusetts's interactive testing map

Protocols for possible COVID-19 scenarios

While specific protocols vary, there are some common elements for each possible COVID-19 scenario:
- ✓ Evaluate symptoms
- ✓ Separate from others
- ✓ Clean and disinfect spaces visited by the person
- ✓ Test for COVID-19 and stay at home while awaiting results
- ✓ If test is positive:
  - Remain at home at least 10 days **and** until at least 3 days have passed with no fever and improvement in other symptoms
  - Monitor symptoms
  - Notify the school and personal close contacts
  - Answer the call from local board of health or Massachusetts Community Tracing Collaborative to help identify close contacts to help them prevent transmission
  - Secure release from contact tracers (local board of health or Community Tracing Collaborative) for return to school

The following pages outline protocols for the scenarios below.

Section 1: Protocols for individual exposure or individual positive test

- **Protocol: Student or staff tests positive for COVID-19**
- **Protocol: Close contact of student or staff tests positive for COVID-19**
- **Protocol: Student is symptomatic on the bus**
- **Protocol: Student is symptomatic at school**
- **Protocol: Staff is symptomatic at home**
- **Protocol: Staff is symptomatic at school**

Section 2: Protocols for potential school closure (partial or full) or district closure

- **Protocol: Presence of multiple cases in the school or district**
- **Protocol: Presence of significant number of new cases in a municipality**
- **Protocol: Statewide regression to a previous reopening phase**

Quick reference sheet: Key actions for individual COVID-19 events

Event	Location of Event	Testing Result	Quarantine
Individual is symptomatic	If an individual is symptomatic <u>at home</u>, they should stay home and get tested. If an individual student is symptomatic <u>on the bus or at school</u>, they should remain masked and adhere to strict physical distancing. Students will then be met by the nurse and stay in the medical waiting room until they can go home. They should not be sent home on the bus. If an individual staff member is symptomatic at school, they should find coverage for their duties and then go home and get tested.	Individual tests **negative**	Return to school once asymptomatic for 24 hours
		Individual tests **positive**	Remain home (except to get medical care), monitor symptoms, notify the school, notify personal close contacts, assist the school in contact tracing efforts, and answer the call from local board of health or MA Community Tracing Collaborative. Most people who have relatively mild illness will need to stay in self-isolation for at least 10 days **and** until at least 3 days have passed with no fever and improvement in other symptoms.
		Individual **is not tested**	Remain home in self-isolation for 14 days from symptom onset
Individual is exposed to COVID-19 positive individual	If an individual is <u>at home</u> when they learn they were in close contact with an individual who tested positive for COVID-19, they should stay at home and be tested 4 or 5 days after their last exposure. If an individual is <u>at school</u> when they learn they were in close contact with an individual who tested positive for COVID-19, they should be masked for the remainder of the day (including K-1 students) and adhere to strict physical distancing. At the end of the day, they should go home and should not take the bus home. They should stay at home and be tested 4 or 5 days after their last exposure.	Individual tests **negative**	Return to school, if asymptomatic or once asymptomatic for 24 hours
		Individual tests **positive**	Remain home (except to get medical care), monitor symptoms, notify the school, notify personal close contacts, assist the school in contact tracing efforts, and answer the call from local board of health or MA Community Tracing Collaborative. Most people who have relatively mild illness will need to stay in self-isolation for at least 10 days **and** until at least 3 days have passed with no fever and improvement in other symptoms.
		Individual **is not tested**	Remain home in self-quarantine for 14 days from exposure

Section 1: Protocols for individual exposure or individual positive test

Protocol: Student or staff tests positive for COVID-19

1. The student or staff member must remain at home (except to get medical care), monitor their symptoms, notify the school, notify personal close contacts, assist the school in contact tracing efforts, and answer the call from local board of health or Massachusetts Community Tracing Collaborative. For most people who have relatively mild illness, they will need to stay in self-isolation for at least 10 days **and** until at least 3 days have passed with no fever and improvement in other symptoms.

2. The student's parent/caregiver or the staff member informs the proper school official (e.g. a designated person that is the COVID-19 school lead) that the individual has tested positive for COVID-19. The designated COVID-19 school lead in turn notifies others as pre-determined by the school (e.g., school leadership, school nurse or school medical point of contact, building management, maintenance).

3. Determine whether the student or staff member was on the premises during the time frame that started two days prior to symptom onset (or testing positive if not symptomatic) until the time of isolation.
   a. If so, promptly close off areas visited by the COVID-19 positive individual until such areas can be cleaned and disinfected, if they have not been cleaned and disinfected already.
   b. Promptly clean and disinfect the student's or staff member's classroom and any other facilities (e.g., extracurricular facilities) visited by the individual, if that has not been done already.
   c. Promptly clean and disinfect the bus(es) the student or staff member was on, if any, and if not already done.

4. **ELEMENTARY SCHOOL (e.g., student has self-contained classroom throughout the day):**
   a. Send a communication to the other families in the student's class (e.g., cohort) that there has been a positive test without naming the individual student or staff member who tested positive.
   b. Communications sent to families/staff should:
      i. Inform them there was a positive test (not the specific individual) in the self-contained classroom.
      ii. Explain that since they were within this cohort and may have been within 6 feet of the person with a positive test, they are considered a "close contact" and therefore should be tested. (In cases where the student may have been in close contact with others outside their cohort, having assigned seating and keeping up-to-date seating charts will help identify who should be instructed to be tested: specifically, those who were sitting next to the student, plus any others who also had close contact with the student.)

iii. Instruct those designated as close contacts to isolate prior to their test and while waiting for the results. In general, as the highest yield test will be a few days after the exposure, ideally, the test should occur no sooner than day 4 or 5 after the last exposure. (In other words, if an exposure lasted several days, the best time to test is 4 or 5 days after the end of the exposure period.)

iv. Explain that if close contacts choose not to be tested, the student or staff member should remain home in self-quarantine for 14 days.[5]

v. Remind families and/or staff of the importance of not having contact with higher-risk individuals (e.g., grandparents and those with underlying medical conditions).

vi. Remind families and/or staff of the list of COVID-19 symptoms for which to monitor.

c. If the school finds out about the original COVID-19 positive test in the middle of a school day when the rest of the cohort is in class:

    i. Make sure these students are wearing masks, including in kindergarten and first grade. Extra masks as may be needed should be provided by the school. Enforce strict physical distancing. Require students to wash their hands.

    ii. The school should quickly identify the individuals who may be "close contacts" of the student and notify students and their families.

    iii. Caregivers of students in the class or other close contacts may pick students up prior to the end of the day. Caregivers must wear a mask/face covering when picking up their student. Students who are close contacts and students with any symptoms should not ride the school bus to get home. Caregivers and students, as well as staff, should wash their hands upon arriving at home and change their clothes as a precaution.

    iv. Close contacts should not come back to school until they have received the results of testing (or elected to instead quarantine for 14 days[6]) and are asked to communicate their test results to the school.

d. As feasible, to assist with contact tracing, make a list including phone number and email of any other close contacts the student or staff member had, beginning two days before the onset of symptoms (or positive test if asymptomatic) until individual was isolated. Instruct those students and/or staff members to get tested according to the same protocol as the student's cohort above.

5. **MIDDLE AND HIGH SCHOOL (e.g., no single self-contained classroom):**

a. The school should identify the student's or staff member's possible "close contacts" based on the assigned seating charts. The lookback period should begin two days before symptoms appeared (or two days prior to the date of the positive test if there were no symptoms) and include up until the time the student was isolated. Consider students and staff members who were within 6 feet of the individual for 10-15 minutes in class, on the school bus, or at extracurricular activities.

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[5] https://www.cdc.gov/coronavirus/2019-ncov/if-you-are-sick/quarantine.html
[6] https://www.cdc.gov/coronavirus/2019-ncov/if-you-are-sick/quarantine.html

    b. Follow the communication and other relevant Elementary School protocols above.

    c. Close contacts should be tested for COVID-19 at one of Massachusetts's test sites.[7] Sites may require pre-screening, a referral, and/or an appointment.

    d. Instruct the student or staff member to isolate while waiting for the results of their test.

    e. An individual who does not wish to be tested should instead quarantine for 14 days[8] and until asymptomatic.

6. IF OTHERS IN THE SCHOOL TEST POSITIVE: Perform all steps under this protocol for that person. **ALSO FOLLOW:** "Protocol: Presence of multiple cases in the school."

7. IF NO OTHERS IN THE SCHOOL TEST POSITIVE: Close contacts can return to school immediately if they test negative and do not have symptoms; however, strict mask wearing covering the nose and mouth must be maintained at all times. The wearing of masks includes K-1 students for this 14-day period. If they have symptoms but test negative regardless, they should wait until they are asymptomatic for 24 hours before returning to school.

Any area of the school visited by the COVID-19 positive individual must be closed off and/or cleaned and disinfected. The area can be used 12 hours after cleaning/disinfecting has occurred.

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[7] https://www.mass.gov/info-details/about-covid-19-testing#where-can-get-a-test?-
[8] https://www.cdc.gov/coronavirus/2019-ncov/if-you-are-sick/quarantine.html

Protocol: Close contact of student or staff tests positive for COVID-19

1. Current Massachusetts DPH guidance is that all close contacts of someone who has tested positive for COVID-19 should be tested.[9]

2. The student or staff member who was in close contact with someone who tested positive for COVID-19 should be tested at one of Massachusetts's test sites.[10] Sites may require pre-screening, a referral, and/or an appointment. An individual who does not wish to be tested should instead quarantine for 14 days[11] and until asymptomatic.

3. Close contacts should isolate at home prior to testing and while awaiting test results. Ability to mask is critical, so if the close contact cannot mask or is in K-1 and not masking they should not return for 14 days.

4. In order to return to school, close contacts need to have one negative test result and not be showing any COVID-19 symptoms, or if they do not wish to be tested, quarantine at home for 14 days. Because tests performed too early can be falsely negative, ideally the test should be performed no sooner than 4 or 5 days after the last contact with the person who tested positive.

5. **IF POSITIVE TEST:** The student or staff member should remain at home (except to get medical care), monitor their symptoms, notify the school, notify personal close contacts, assist the school in contact tracing efforts, and answer the call from local board of health or Massachusetts Community Tracing Collaborative. Most people who have relatively mild illness will need to stay in self-isolation for at least 10 days **and** until at least 3 days have passed with no fever and improvement in other symptoms. **FOLLOW STEPS UNDER:** "Protocol: Student / staff tests positive for COVID-19."

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[9] https://www.mass.gov/doc/covid-19-testing-guidance/download
[10] https://www.mass.gov/info-details/about-covid-19-testing#where-can-get-a-test?-
[11] https://www.cdc.gov/coronavirus/2019-ncov/if-you-are-sick/quarantine.html

Protocol: Student is symptomatic at home

1. Family should monitor students at home each morning for the most common symptoms of COVID-19 (see list above).
   a. **IF NO SYMPTOMS:**
      i. Send student to school.
   b. **IF ANY SYMPTOM:**
      i. Do not send the student to school.
      ii. Call the school's COVID-19 point of contact and inform them student is staying home due to symptoms.
      iii. Current Massachusetts DPH guidance is that all symptomatic individuals in Massachusetts, even those with mild symptoms, should be tested.[12] An individual who does not wish to be tested should instead isolate for 14 days[13] and until asymptomatic.
      iv. The student should get tested at one of Massachusetts's test sites.[14] Sites may require pre-screening, a referral, and/or an appointment.
      v. Isolate at home until test results are returned.
      vi. Proceed as follows according to test results:
         1. **IF NEGATIVE:** Student stays home until asymptomatic for 24 hours.
         2. **IF POSITIVE:** Student should remain at home (except to get medical care), monitor their symptoms, notify the school, notify personal close contacts, assist the school in contact tracing efforts, and answer the call from local board of health or Massachusetts Community Tracing Collaborative. Most people who have relatively mild illness will need to stay in self-isolation for at least 10 days **and** until at least 3 days have passed with no fever and improvement in other symptoms. [15] **FOLLOW STEPS UNDER:** "Protocol: Student / staff tests positive for COVID-19."

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[12] https://www.mass.gov/doc/covid-19-testing-guidance/download
[13] https://www.cdc.gov/coronavirus/2019-ncov/if-you-are-sick/quarantine.html
[14] https://www.mass.gov/info-details/about-covid-19-testing#where-can-get-a-test?-
[15] https://www.mass.gov/doc/information-sheet-how-to-self-quarantine-and-self-isolate/download

Protocol: Student is symptomatic on the bus

1. Although families are the most important first line of defense for monitoring symptoms, bus drivers and bus monitors also play an important role in flagging possible symptomatic students. Note: This will require training for bus drivers (and bus monitors, if applicable).

2. If symptoms are noticed as the student is getting on the bus and if there is a caregiver present, do not allow student to board the bus. Caregiver should then **FOLLOW:** "Protocol: Student is symptomatic at home."

3. If student is already on the bus, ensure student is masked and keeps mask on. Ensure other students keep their masks on. Ensure student keeps required physical distance from other students.

4. Bus driver/monitor should call ahead to the bus service dispatch. The bus service dispatch should be equipped with appropriate cell phone numbers for school and district personnel (nurse or other medical personnel). The dispatch should contact the school to inform the school nurse (or school medical point of contact) of a possible symptomatic child.

5. School nurse (or school medical point of contact) should meet the bus as it arrives, wearing a mask. As practical, student with possible symptoms should exit the bus first.

6. Bus should be cleaned / disinfected.

7. Nurse (or school medical point of contact) should evaluate the student for symptoms (see list above: "Most common symptoms of COVID-19").
   a. **IF ANY SYMPTOM:**
      i. Place the student in the designated medical waiting room. There is no specific capacity limit for the medical waiting room, but all students in the medical waiting room must be as far apart as possible, and no less than 6 feet. Strict mask wearing covering the nose and mouth at all times for every person in the room must be enforced. Students can work on individual schoolwork or other activities while in the medical waiting room.
      ii. Contact caregiver for pick-up.
         1. **IF CAREGIVER CAN PICK UP DURING THE DAY:** Student waits to be picked up in the medical waiting room. Caregivers must wear a mask/face covering when picking up their student. Students should not ride the school bus to get home. Caregivers and students should wash their hands upon arriving at home and change their clothes, as a precaution.
         2. **IF CAREGIVER CANNOT PICK UP DURING THE DAY:** The student should wait in the medical waiting room until the end of the day to be picked up by caregiver. The student should not go home on a school bus with other students.

      iii.   Current Massachusetts DPH guidance is that all symptomatic individuals in Massachusetts, even those with mild symptoms, should be tested.[16] An individual who does not wish to be tested should instead isolate for 14 days[17] and until asymptomatic.

      iv.   Student should get tested at one of Massachusetts's test sites.[18] Sites may require pre-screening, a referral, and/or an appointment.

      v.   Isolate at home until test results are returned.

      vi.   Proceed as follows according to test results:

          1.   **IF NEGATIVE:** If the student does not have COVID-19, the student may return to school based upon guidance from their clinician and necessary management of another diagnosis. Student stays home until asymptomatic for 24 hours.

          2.   **IF POSITIVE:** Student should remain at home (except to get medical care), monitor their symptoms, notify the school, notify personal close contacts, assist the school in contact tracing efforts, and answer the call from local board of health or Massachusetts Community Tracing Collaborative. Most people who have relatively mild illness will need to stay in self-isolation for at least 10 days **and** until at least 3 days have passed with no fever and improvement in other symptoms. [19] **FOLLOW STEPS UNDER:** "Protocol: Student/staff tests positive for COVID-19."

  b. **IF NO SYMPTOMS:**

      i.   If the evaluation shows the student does not have symptoms, send the student to class.

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[16] https://www.mass.gov/doc/covid-19-testing-guidance/download
[17] https://www.cdc.gov/coronavirus/2019-ncov/if-you-are-sick/quarantine.html
[18] https://www.mass.gov/info-details/about-covid-19-testing#where-can-get-a-test?-
[19] https://www.mass.gov/doc/information-sheet-how-to-self-quarantine-and-self-isolate/download

Protocol: Student is symptomatic at school

1. Although families are the most important first line of defense for monitoring symptoms, teachers will play an important role in referring possible symptomatic students to the school nurse or other medical point of contact. (Note: This will require training for teachers.)

2. Teacher ensures the student is wearing a mask that fully covers nose and mouth at all times.

3. Teacher calls the nurse or school medical point of contact to inform them that they have a possible case. Nurse or school medical point of contact comes to get the student from class.

4. Nurse (or school medical point of contact) should evaluate the student for symptoms (see list above: "Most common symptoms of COVID-19").
   a. **IF ANY SYMPTOM:**
      i. Place the student in the designated medical waiting room. There is no specific capacity limit for the medical waiting room, but all students in the COVID-19 waiting room must be as far apart as possible, and no less than 6 feet. Strict mask wearing covering the nose and mouth at all times for every person in the room must be enforced. Students can work on individual schoolwork or other activities while in the medical waiting room
      ii. Contact caregiver for pick-up.
         1. **IF CAREGIVER CAN PICK UP DURING THE DAY:** Student waits to be picked up in the medical waiting room. Caregivers must wear a mask/face covering when picking up their student. Students should not ride the school bus to get home. Caregivers and students should wash their hands upon arriving at home and change their clothes as a precaution.
         2. **IF CAREGIVER CANNOT PICK UP DURING THE DAY:** The student should wait in the medical waiting room until the end of the day to be picked up by caregiver. The student should not go home on a school bus with other students.
      iii. Current Massachusetts DPH guidance is that all symptomatic individuals in Massachusetts, even those with mild symptoms, should be tested.[20] An individual who does not wish to be tested should instead isolate for 14 days[21] and until asymptomatic.
      iv. Student should get tested at one of Massachusetts's test sites.[22] Sites may require pre-screening, a referral, and/or appointment.
      v. Isolate at home until test results are returned.
      vi. Proceed as follows according to test results:

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[20] https://www.mass.gov/doc/covid-19-testing-guidance/download
[21] https://www.cdc.gov/coronavirus/2019-ncov/if-you-are-sick/quarantine.html
[22] https://www.mass.gov/info-details/about-covid-19-testing#where-can-get-a-test?-

1. **IF NEGATIVE:** If the student does not have COVID-19, the student may return to school based upon guidance from their clinician and necessary management of another diagnosis. Student stays home until asymptomatic for 24 hours.
2. **IF POSITIVE:** Student remain at home (except to get medical care), monitor their symptoms, notify the school, notify personal close contacts, assist the school in contact tracing efforts, and answer the call from local board of health or Massachusetts Community Tracing Collaborative. Most people who have relatively mild illness will need to stay in self-isolation for at least 10 days **and** until at least 3 days have passed with no fever and improvement in other symptoms. [23] **FOLLOW STEPS UNDER:** "Protocol: Student or staff tests positive for COVID-19."

b. **IF NO SYMPTOMS:**
   i. If the evaluation shows the student does not have symptoms, send the student back to class.

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[23] https://www.mass.gov/doc/information-sheet-how-to-self-quarantine-and-self-isolate/download

Protocol: Staff is symptomatic at home

1. Staff should monitor themselves at home each morning for the most common symptoms of COVID-19 (see list above: "Most common symptoms of COVID-19").
   a. **IF NO SYMPTOMS:**
      i. Come to work.
   b. **IF ANY SYMPTOM:**
      i. Do not come to work.
      ii. Contact the COVID-19 point of contact and/or other absence reporting mechanism established by the school.
      iii. Current Massachusetts DPH guidance is that all symptomatic individuals in Massachusetts, even those with mild symptoms, should be tested.[24] An individual who does not wish to be tested should instead isolate for 14 days[25] and until asymptomatic.
      iv. The staff member should get tested at one of Massachusetts' test sites.[26] Sites may require pre-screening, a referral, and/or an appointment.
      v. Isolate at home until test results are returned.
      vi. Proceed as follows according to test results:
         1. **IF NEGATIVE:** If the staff member does not have COVID-19, they may return to school based upon guidance from their clinician and necessary management of another diagnosis. Staff member stays home until asymptomatic for 24 hours.
         2. **IF POSITIVE:** Staff member should remain at home (except to get medical care), monitor their symptoms, notify the school, notify personal close contacts, assist the school in contact tracing efforts, and answer the call from local board of health or Massachusetts Community Tracing Collaborative. Most people who have relatively mild illness will need to stay in self-isolation for at least 10 days **and** until at least 3 days have passed with no fever and improvement in other symptoms. [27] **FOLLOW STEPS UNDER:** "Protocol: Student/staff tests positive for COVID-19".

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[24] https://www.mass.gov/doc/covid-19-testing-guidance/download
[25] https://www.cdc.gov/coronavirus/2019-ncov/if-you-are-sick/quarantine.html
[26] https://www.mass.gov/info-details/about-covid-19-testing#where-can-get-a-test?-
[27] https://www.mass.gov/doc/information-sheet-how-to-self-quarantine-and-self-isolate/download

Protocol: Staff is symptomatic at school

1. As noted above, staff should be encouraged not to come to school if they are experiencing any symptoms of COVID-19.

2. If a staff member suspects any symptoms during the day, they should follow the school's protocols for getting another adult to cover their class mid-day, if needed, and see the school nurse (or school medical point of contact) to be evaluated for symptoms.
   a. **IF NO SYMPTOMS:** The staff member should follow the school's standard protocols for being excused due to illness.
   b. **IF ANY SYMPTOM:**
      i. Current Massachusetts DPH guidance is that all symptomatic individuals in Massachusetts, even those with mild symptoms, should be tested.[28] An individual who does not wish to be tested should instead isolate for 14 days[29] and until asymptomatic.
      ii. The staff member should get tested at one of Massachusetts's test sites.[30] Sites may require pre-screening, a referral, and/or appointment.
      iii. Isolate at home until test results are returned.
      iv. Proceed as follows according to test results:
         1. **IF NEGATIVE:** Staff member stays home until asymptomatic for 24 hours.
         2. **IF POSITIVE:** Staff member should remain at home (except to get medical care), monitor their symptoms, notify the school, notify personal close contacts, assist the school in contact tracing efforts, and answer the call from local board of health or Massachusetts Community Tracing Collaborative. Most people who have relatively mild illness will need to stay in self-isolation for at least 10 days **and** until at least 3 days have passed with no fever and improvement in other symptoms. [31] **FOLLOW STEPS UNDER:** "Protocol: Student/staff tests positive for COVID-19".

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[28] https://www.mass.gov/doc/covid-19-testing-guidance/download
[29] https://www.cdc.gov/coronavirus/2019-ncov/if-you-are-sick/quarantine.html
[30] https://www.mass.gov/info-details/about-covid-19-testing#where-can-get-a-test?-
[31] https://www.mass.gov/doc/information-sheet-how-to-self-quarantine-and-self-isolate/download

Section 2: Protocols for potential school closure (partial or full) or district closure

Protocol: Presence of multiple cases in the school or district

1. If there is more than one confirmed COVID-19 case (students or staff) in the school at one time, or if there is a series of single cases in a short time span, school leaders and the superintendent should work with the local board of health to determine if it is likely that there is transmission happening in school.

2. For each individual case, **FOLLOW STEPS UNDER:** "Protocol: Student or staff tests positive for COVID-19." Note that when there is one isolated case, the student's close contacts will need to stay home and be tested, not the whole school.

3. When there is suspected in-school transmission *beyond one cohort or a small number of cohorts,* school and district leaders must consult with the local board of health as to proposed next steps. These steps could include, *for example*, making a decision to a) close part of the school or the entire school for a short time (e.g. 1-3 days) for an extensive cleaning or other facility mitigation, or b) close the school partially or fully for the longer duration of a 14-day quarantine period.

4. Should there be circumstances where there are multiple cases in multiple schools, school and district leaders must consult with the local board of health as to proposed next steps. These steps could include, *for example*, making a decision to a) shut down the district for a short time (e.g. 1-3 days) for an extensive cleaning or other facility mitigation, or b) shut down the district for the longer duration of a 14-day quarantine period.

5. **Before a final decision is made on a school or district closure, the superintendent must consult with DESE for further guidance.**

   Contacts:
   Russell Johnston, Senior Associate Commissioner, Russell.Johnston@mass.gov, 781-605-4958.
   Erin McMahon, Senior Advisor to the Commissioner - Fall Reopening Implementation Lead, Erin.K.Mcmahon@mass.gov, 781-873-9023.

6. If the decision is made to close for some number of days, the school and/or district should send clear information and instructions to families and staff:
   a. Informing them that it is possible COVID-19 is being transmitted in the school and/or district
   b. Noting that there may be more potential cases that are not yet symptomatic
   c. Recommending students quarantine and not have contact with others
   d. Reminding families of the importance of not having contact with higher-risk individuals (e.g., grandparents)
   e. Reminding families of the list of COVID-19 symptoms for which to monitor
   f. Ensuring that remote learning is immediately provided to all students

7. Before bringing students back to school:
   a. Check inventory levels of needed supplies (e.g., disposable masks, soap, hand sanitizer, cleaning products); re-order replacement inventory
   b. Consider a school-wide refresher training on the importance of correct hygiene procedures (masks, physical distance, handwashing)
   c. Reiterate the critical nature of masks, physical distancing, and hand hygiene when students return to school

Protocol: Presence of significant number of new cases in a municipality

1. In the case of significant municipal outbreak, as determined by the local board of health or DPH, the superintendent and school leaders must consult with the local board of health to determine whether it is appropriate to close a specific school, schools, or an entire district.

2. **Before a final decision is made on a school or district closure, the superintendent must consult with DESE for further guidance.**

   Contacts:
   Russell Johnston, Senior Associate Commissioner, Russell.Johnston@mass.gov, 781-605-4958.
   Erin McMahon, Senior Advisor to the Commissioner - Fall Reopening Implementation Lead, Erin.K.Mcmahon@mass.gov, 781-873-9023.

Protocol: State-wide regression to a previous reopening phase

1. Massachusetts is tracking its overall statewide reopening in phases according to the Reopening Massachusetts plan. Currently, Massachusetts is in Phase 3 of reopening, where even more businesses can resume operations with specific guidance.

2. If Massachusetts moves back into a prior phase, DESE (in consultation with the Massachusetts COVID-19 Command Center) will communicate with school districts and schools to determine whether in-person school should continue.

K-12 Schools and Childcare Programs
FAQs for Administrators, Teachers, and Parents

Administrators

WHAT SHOULD WE DO IF A CHILD, STUDENT, OR STAFF MEMBER HAS RECENTLY TRAVELED TO AN AREA WITH COVID-19 OR HAS A FAMILY MEMBER WHO HAS TRAVELED TO AN AREA WITH COVID-19?

Review updated CDC information for travelers, including FAQ for travelers, and consult with state and local health officials. Health officials may use CDC's Interim US Guidance for Risk Assessment and Public Health Management of Persons with Potential Coronavirus Disease 2019 (COVID-19) Exposures: Geographic Risk and Contacts of Laboratory-confirmed Cases to make recommendations. Individuals returning from travel to areas with community spread of COVID-19 must follow guidance they have received from health officials.

Planning and Responding to COVID-19

WHAT SHOULD I CONSIDER AS I PLAN AND PREPARE FOR COVID-19?

Administrators should always reinforce healthy practices among their staff and students, as well as prepare for a potential case of COVID-19, regardless of the current level of community transmission.

As you create and update your preparedness plans, work with your local health officials to determine the most appropriate plan and actions for your school or program. Together, you will need to consider your local community situation—whether you have local transmission in your community, and if so, the level of transmission (none/minimal, minimal to moderate, substantial).

CDC has created overall guidance, as well as guidance tailored for transmission level in your area to help childcare programs, schools, and their partners understand how to help prevent COVID-19 and react quickly when a case is identified. The guidance includes information about the following:

- How to prepare if you have no community spread of COVID-19.

- How to prepare if you have minimal to moderate community spread in your community.

- How to prepare if you have substantial community spread in your community.

- What to do if a person with COVID-19 has entered your school.

See CDC's full interim guidance for more details.
https://www.cdc.gov/coronavirus/2019-ncov/community/schools-childcare/guidance-for-schools.html

cdc.gov/coronavirus

WHAT CAN STAFF AND STUDENTS DO TO PREVENT THE SPREAD OF COVID-19?

Encourage students and staff to take everyday preventive actions to prevent the spread of respiratory illnesses. These actions include staying home when sick; appropriately covering coughs and sneezes; cleaning and disinfecting frequently touched surfaces; and washing hands often with soap and water. If soap and water are not readily available, use an alcohol-based hand sanitizer with at least 60% alcohol. Always wash hands with soap and water if they are visibly dirty. Remember to supervise young children when they use hand sanitizer to prevent swallowing alcohol.

HOW SHOULD MY SCHOOL PREPARE WHEN THERE IS *NO COMMUNITY TRANSMISSION* IN OUR AREA?

The most important thing you can do now is to prepare. Schools need to be ready if COVID-19 does appear in their communities. Here are some strategies:

- Review, update, and implement emergency operations plans.

- Develop information-sharing systems with partners.

- Teach and reinforce health hygiene practices.

- Intensify cleaning and disinfection efforts.

- Monitor and plan for absenteeism.

- Assess group gatherings and events. Follow current guidance about non-critical gatherings and events.

- Require sick students and staff to stay home. Establish procedures for students and staff who are sick at school.

- Create and test communications plans for use with the school community.

- Review CDC's guidance for business and employers.

WHAT SHOULD I INCLUDE IN MY EMERGENCY OPERATIONS PLAN?

Review and update your emergency operations plan in collaboration with your local health department. Focus on the components or annexes of the plans that address infectious disease outbreaks.

- Ensure the plan includes strategies to reduce the spread of a wide variety of infectious diseases (e.g., seasonal influenza). This includes strategies for social distancing and school dismissal that may be used to stop or slow the spread of infectious disease. The plan should also include strategies for continuing education, meal programs, and other related services in the event of school dismissal.

- Ensure the plan emphasizes everyday preventive actions for students and staff. For example, emphasize actions such as staying home when sick; appropriately covering coughs and sneezes; cleaning frequently touched surfaces; and washing hands often.

HOW SHOULD MY SCHOOL PREPARE WHEN THERE IS *MINIMAL TO MODERATE COMMUNITY TRANSMISSION* IN OUR AREA?

Work with your local health officials to determine a set of strategies appropriate for your community's situation. Continue using the preparedness strategies implemented for no community transmission, and consider the following social distancing strategies:

- Cancel field trips, assemblies, and other large gatherings.

- Cancel or modify classes where students are likely to be in very close contact.

- Increase the space between desks to at least 6 feet.

- Stagger arrival and/or dismissal times.

- Reduce congestion in the health office.

- Limit nonessential visitors.

- Limit bringing in students from other schools for special programs (e.g., music, robotics, academic clubs)

- Teach staff, students, and their families to maintain a safe distance (6 feet) from each other in the school.

WHAT SHOULD I DO WHEN THERE IS *SUBSTANTIAL COMMUNITY TRANSMISSION?*

If local health officials have determined there is substantial transmission of COVID-19 within the community, they will provide guidance to administrators on the best course of action for childcare programs or schools. These strategies are expected to extend across multiple programs, schools, or school districts within the community.

You may need to consider extended school dismissals (e.g. dismissals for longer than 2 weeks). This longer-term, and likely broader-reaching, dismissal strategy is intended to slow transmission rates of COVID-19 in the community. During extended school dismissals, also cancel extracurricular group activities, school-based after-school programs, and large events (e.g., assemblies, spirit nights, field trips, and sporting events). Remember to implement strategies to ensure the continuity of education (e.g., distance learning) as well as meal programs and other essential services for students.

SHOULD MY SCHOOL SCREEN STUDENTS FOR COVID-19?

Schools and childcare programs are not expected to screen children, students, or staff to identify cases of COVID-19. If a community (or more specifically, a school) has cases of COVID-19, local health officials will help identify those individuals and follow up on next steps.

WHAT RESOURCES DOES CDC HAVE AVAILABLE TO SHARE WITH STAFF, STUDENTS, AND PARENTS?

Share resources with the school community to help them understand COVID-19 and steps they can take to protect themselves:

- CDC's health communication resources
  https://www.cdc.gov/coronavirus/2019-ncov/communication/index.html

- CDC information on stigma and COVID-19
  https://www.cdc.gov/coronavirus/2019-ncov/symptoms-testing/reducing-stigma.html

- CDC information on COVID-19 and children
  https://www.cdc.gov/coronavirus/2019-ncov/faq.html

- CDC offers several free handwashing resources that include health promotion materials, information on proper handwashing technique, and tips for families to help children develop good handwashing habits.

- Other health and education professional organizations may also have helpful resources your school can use or share, such as the American Academy of Pediatrics

- CDC's information on helping children cope with emergencies
  https://www.cdc.gov/childrenindisasters/helping-children-cope.html

WHAT SHOULD I DO IF MY SCHOOL EXPERIENCES INCREASED RATES OF ABSENTEEISM?

If your school notices a substantial increase in the number of students or staff missing school due to illness, report this to your local health officials.

WHAT STEPS SHOULD MY SCHOOL TAKE IF A STUDENT OR STAFF MEMBER SHOWS SYMPTOMS OF COVID-19?

You should establish procedures to ensure students and staff who become sick at school or who arrive at school sick are sent home as soon as possible. Keep anyone sick separate from well students and staff until the sick person can be sent home.

WHAT SHOULD I DO IF THE SUSPECTED SICK STUDENT OR STAFF MEMBER IS CONFIRMED TO HAVE COVID-19?

Immediately notify local health officials. These officials will help administrators determine a course of action for their childcare programs or schools.

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.

IF CHILDREN WITH ASTHMA USE "BREATHING TREATMENTS" OR PEAK FLOW METERS, DO SCHOOLS NEED TO BE CONCERNED ABOUT AEROSOLIZING THE VIRUS THAT CAUSES COVID-19?

First, students with symptoms of COVID-19 should not attend school. Symptoms of asthma and COVID-19 may overlap, including cough and shortness of breath. Therefore, students experiencing acute asthma attacks should not be attending school without approval by a healthcare provider; if an asthma attack starts at school, a student may need a bronchodilator treatment before being sent home or before an ambulance arrives. The American Lung Association's Model Policy for School Districts: Stock Bronchodilators recommends using inhalers with disposable spacers/mouthpieces and nebulizers with disposable tubing with mask/mouthpieces. Inhalers and nebulizers should be used and cleaned according to the manufacturer's instructions.

During this COVID-19 pandemic, asthma treatments using inhalers with spacers (with or without face mask, according to each student's individualized treatment plan) are preferred over nebulizer treatments whenever possible. Based on limited data, use of asthma inhalers (with or without spacers or face masks) is not considered an aerosol-generating procedure.

Due to limited availability of data, it is uncertain whether aerosols generated by nebulizer treatments are potentially infectious. During this COVID-19 pandemic, nebulizer treatments at school should be reserved for children who cannot use or do not have access to an inhaler (with or without spacer or face mask).

Use of peak flow meters, including in the school setting, includes forceful exhalation. Based on limited available data1, forceful exhalation is not considered an aerosol-generating procedure associated with increased risk of transmitting the virus that causes COVID-19. However, for some people with asthma, using a peak flow meter can trigger cough.

Schools should obtain the appropriate personal protective equipment (PPE) for staff who administer nebulizer treatments and peak flow meters to students with asthma. PPE for use when administering nebulizer treatments or peak flow meters to students with asthma consists of gloves, medical or surgical facemask and eye protection. School staff should be trained on when to use PPE, what PPE is necessary, where this PPE is stored, how to properly don (put on), use, and doff (take off) PPE, and how to properly dispose of used PPE. CDC has information on using PPE. Staff should also be trained on how to administer nebulizer treatments and peak flow meters.

During this COVID-19 pandemic, if a nebulizer treatment or use of peak flow meter is necessary at school for a student, the number of people present in the room should be limited to the student and the staff member administering the treatment or peak flow meter. If appropriate based on the student's age and level of maturity, the staff member could leave the room and return when the nebulizer treatment is finished. After the nebulizer treatment or use of peak flow meter, this room should undergo routine cleaning and disinfection. CDC has information on how to clean and disinfect and how to prevent asthma attacks triggered by cleaning and disinfecting activities.

People with moderate to severe asthma may be at higher risk of severe COVID-19. CDC has more information on COVID-19 for schools and healthcare providers (including school nurses).

IF EACH CHILD HAS HIS OR HER OWN SPACER, CAN A SCHOOL'S METERED DOSE INHALER BE USED BY MORE THAN ONE STUDENT IF THE ACTUATOR IS CLEANED BEFORE USE BY ANOTHER STUDENT?

CDC is not aware of data regarding practices to prevent transmission of the virus that causes COVID-19 or other respiratory viruses, when multiple people share one asthma inhaler.

Students should be permitted to use their personal inhaler, as needed, to the extent permitted by state law and school policies. When students need to use of the school's stock inhaler, the inhaler should be used and cleaned according to the manufacturer's instructions. The American Lung Association's Model Policy for School Districts: Stock Bronchodilators recommends using inhalers with disposable spacers/mouthpieces. Additional strategies to further minimize cross-contamination include using spacers with one-way valves and not allowing the student to touch the inhaler (e.g., the student can touch the spacer, but only the school staff administering the inhaler can touch the inhaler). Limited data from healthcare settings suggest wiping all surfaces of an inhaler with an alcohol-based wipe containing at least 70% alcohol after inhaler use, and then allowing these surfaces to air-dry can prevent bacterial cross-contamination. CDC is not aware of data on whether this has helped prevent viral infections or infections in the school setting.

CDC is not aware of data regarding viral contamination of spacer devices. A study evaluating the persistence of SARS-CoV-2 (the virus that causes COVID-19) on plastic, stainless steel, and cardboard surfaces showed that the virus is able to remain viable for up to 72 hours. The American Lung Association's Model Policy for School Districts: Stock Bronchodilators recommends using inhalers with disposable spacers or disposable mouthpieces.

School staff who administer asthma medication to students should use good hand hygiene, including washing hands with soap and water for at least 20 seconds before and after administration. If soap and water are not available and hands are not visibly dirty, staff should use an alcohol-based hand sanitizer that contains at least 60% alcohol.

People with moderate to severe asthma may be at higher risk of getting very sick from COVID-19. CDC has more information on COVID-19 for schools and healthcare providers (including school nurses).

CDC has additional information about asthma (non-COVID related) for health professionals and schools here:https://www.cdc.gov/asthma/info.html

IF A SCHOOL IS CONSIDERING LIMITING STUDENTS TO THE LOCAL GEOGRAPHIC AREA DUE TO A PHASED OPENING, WOULD CHILDREN DISPLACED DUE TO HOMELESSNESS BE PROHIBITED FROM ATTENDING THEIR HOME SCHOOL?

No. Per the Mc-Kinney-Vento Act, students experiencing homelessness should receive equal access to free, appropriate public education as provided to other students. Per the Act, residency requirements should not be a barrier to the enrollment, attendance, or success in school for children and youths experiencing homelessness.

Dismissals

WHEN SHOULD I DISMISS OUR SCHOOL/CHILDCARE PROGRAM?

Any decision about school dismissal or cancellation of school events should be made in coordination with your local health officials. Schools are not expected to make decisions about dismissals on their own.

You may need to temporarily dismiss school for 2-5 days, if a student or staff member attended school before being confirmed as having COVID-19. 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.

If there is substantial transmission in the local community, local health officials may suggest extended school dismissals (e.g., dismissals for longer than two weeks). This longer-term, and likely broader-reaching, dismissal strategy is intended to slow transmission rates of COVID-19 in the community.

ARE THERE WAYS FOR STUDENTS TO KEEP LEARNING IF WE DECIDE TO DISMISS SCHOOLS?

Yes, consider implementing e-learning plans, including digital and distance learning options as feasible and appropriate. Determine, in consultation with school district officials or other relevant state or local partners:

- If a waiver is needed for state requirements of a minimum number of in-person instructional hours or school days (seat time) as a condition for funding.

- How to convert face-to-face lessons into on-line lessons and how to train teachers to do so.

- How to triage technical issues if faced with limited IT support and staff.

- How to encourage appropriate adult supervision while children are using distance learning approaches.

- How to deal with the potential lack of students' access to computers and the internet at home.

IF I MAKE THE DECISION FOR A SCHOOL DISMISSAL, WHAT ELSE SHOULD I CONSIDER?

In the event of a school dismissal, extracurricular group activities and large events, such as performances, field trips, and sporting events should also be cancelled. This may require close coordination with other partners and organizations (e.g., high school athletics associations, music associations). In addition, discourage students and staff from gathering or socializing anywhere, like at a friend's house, a favorite restaurant, or the local shopping mall.

Ensure continuity of meal programs for your students. Consider ways to distribute food to students who receive free or reduced cost meals. Check with the US Department of Agriculture – Food and Nutrition Service for additional information: https://www.fns.usda.gov/disaster/USDAfoodsPandemicSchools. If there is community spread of COVID-19, design strategies to avoid distribution in settings where people might gather in a group or crowd. Consider options such as "grab-and-go" bagged lunches or meal delivery.

Consider alternatives for providing essential medical and social services for students. Continue providing necessary services for children with special healthcare needs, or work with the state Title V Children and Youth with Special Health Care Needs (CYSHCN) Program.

IF WE DISMISS SCHOOL, WHAT DO WE NEED TO CONSIDER WHEN RE-OPENING THE BUILDING TO STUDENTS?

CDC is currently working on additional guidance to help schools determine when and how to re-open in an orderly manner. If you need immediate assistance with this, consult local health officials for guidance. Stay in touch with your local and state health department, as well as the Department of Education.

WHAT SHOULD WE DO IF A CHILD, STUDENT, OR STAFF MEMBER HAS RECENTLY TRAVELED TO AN AREA WITH COVID-19 OR HAS A FAMILY MEMBER WHO HAS TRAVELED TO AN AREA WITH COVID-19?

Review updated CDC information for travelers, including FAQ for travelers, and consult with state and local health officials. Health officials may use CDC's Interim US Guidance for Risk Assessment and Public Health Management of Persons with Potential Coronavirus Disease 2019 (COVID-19) Exposure in Travel-associated or Community Settings to make recommendations. Individuals returning from travel to areas with community spread of COVID-19 must follow guidance they have received from health officials.

Parents

WHAT ARE SCHOOLS DOING TO PREPARE FOR COVID-19?

Schools are advised to ensure adequate supplies are available to support healthy hygiene practices, and to routinely clean and disinfect objects and surfaces that are frequently touched.

They are also working closely with local health officials to review and update their school emergency operation plans, and to determine if or when to dismiss schools.

HOW WILL I KNOW IF MY CHILD'S SCHOOL IS CLOSED?

Look out for information from your school district. Information may come via phone, email, or website depending on your school's communication plan. Local media outlets may provide updates, since they often monitor this information.

ARE CHILDREN MORE AT-RISK?

Information about COVID-19 in children is somewhat limited, but the information that is available suggests that healthy children generally have mild symptoms. However, a small percentage of children have been reported to have more severe illness. Children and adults with serious chronic medical conditions are believed to be at higher risk, as well as older adults. To protect those at higher risk, it's important that everyone practices healthy hygiene behaviors.

HOW SHOULD PARENTS TALK TO CHILDREN ABOUT COVID-19?

As public conversations around COVID-19 increase, children may worry about themselves, their family, and friends getting ill with COVID-19. Parents play an important role in helping children make sense of what they hear in a way that is honest, accurate, and minimizes anxiety or fear. CDC has created guidance to help adults have conversations with children about COVID-19 and ways they can avoid getting and spreading the disease https://www.cdc.gov/coronavirus/2019-ncov/community/schools-childcare/talking-with-children.html.

Teachers:

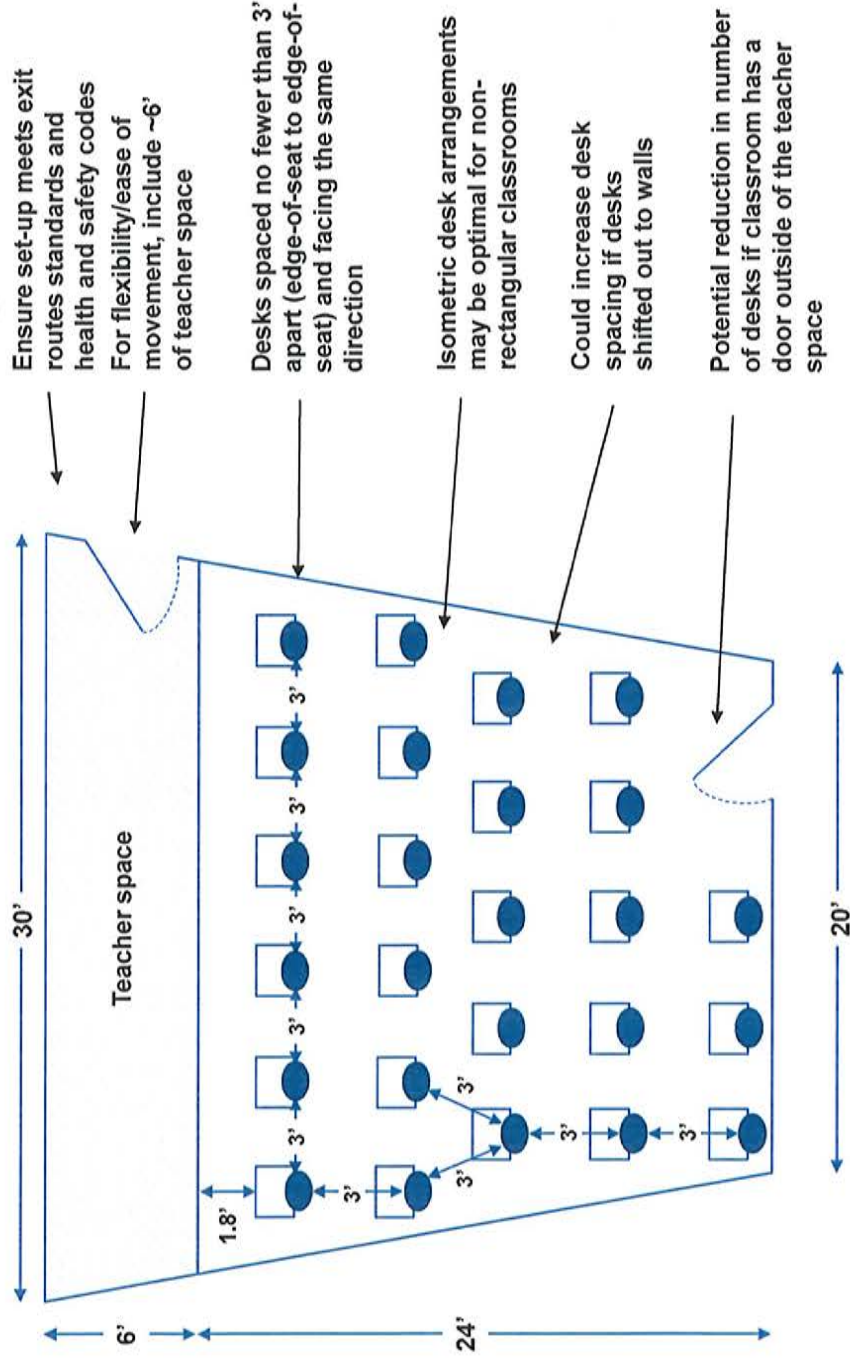### WHAT CAN TEACHERS DO TO PROTECT THEMSELVES AND THEIR STUDENTS?

Teachers and students are in close contact for much of the day, and schools can become a place where respiratory diseases like COVID-19 can quickly spread. Protect yourself and your students by practicing and promoting healthy habits during the school year. You should also plan to say home if you have symptoms of COVID-19 like fever, cough, or shortness of breath. Encourage parents to keep students at home if they're sick. Consider social distancing strategies, such as modifying classes where students are likely to be in very close contact; increasing space between desks; and allowing students to eat meals in the classroom.

HOW SHOULD I TALK TO MY STUDENTS ABOUT COVID-19?

As public conversations around COVID-19 increase, children may worry about themselves, their family, and friends getting ill with COVID-19. Teachers can play an important role in helping children make sense of what they hear in a way that is honest, accurate, and minimizes anxiety or fear. CDC has created guidance to help adults have conversations with children about COVID-19 and ways they can avoid getting and spreading the disease https://www.cdc.gov/coronavirus/2019-ncov/community/schools-childcare/talking-with-children.html.

cdc.gov/coronavirus

Example C1: Fits ~25 individual desks with 3' physical distancing

(Dimensions: 750 sq. ft., 30' at widest / 20 at narrowest x 30')

- Ensure set-up meets exit routes standards and health and safety codes
- For flexibility/ease of movement, include ~6' of teacher space

- Desks spaced no fewer than 3' apart (edge-of-seat to edge-of-seat) and facing the same direction

- Isometric desk arrangements may be optimal for non-rectangular classrooms

- Could increase desk spacing if desks shifted out to walls

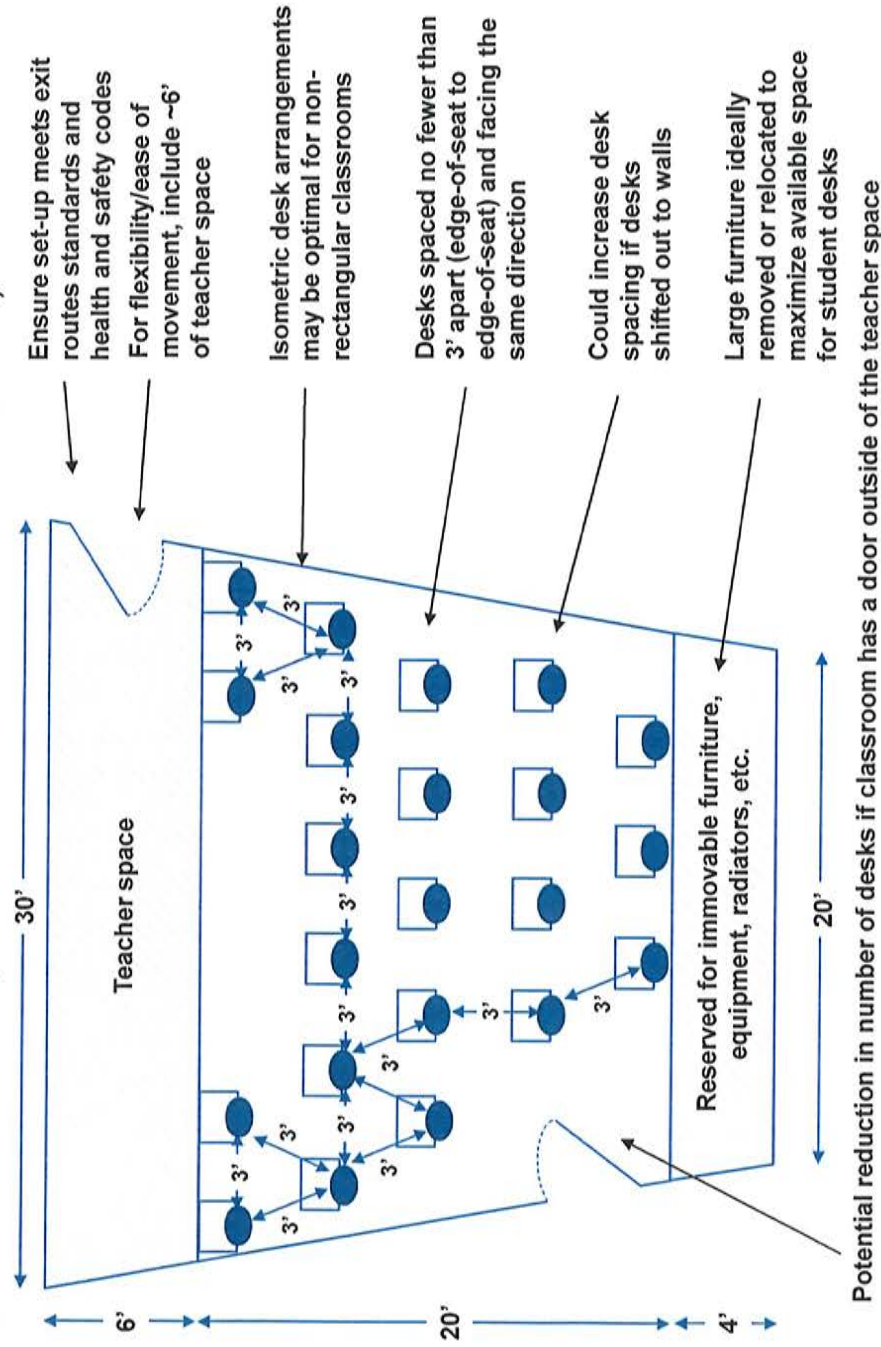- Potential reduction in number of desks if classroom has a door outside of the teacher space

- Estimated 750 ft² capacity: ~25 students
- Capacity estimates will vary depending on classroom shape, desk size/type, immovable furniture, storage capabilities, etc.
- In this scenario, calculated 3' distance based on edge-of-seat to edge-of seat (desk-to-desk measurement would decrease classroom capacity)[1]

[1] Assumed 1.5' seat width, 2' desk width

Teacher space

30'
1.8'
3'
3'
3'
3'
3'
3'
3'
3'
3'
3'
6'
24'
20'

DRAFT for discussion only

Example C2: Fits ~22 individual desks with 3' physical distancing
(Dimensions: 750 sq. ft., 30' at widest / 20 at narrowest x 30')

Ensure set-up meets exit routes standards and health and safety codes

For flexibility/ease of movement, include ~6' of teacher space

Isometric desk arrangements may be optimal for non-rectangular classrooms

Desks spaced no fewer than 3' apart (edge-of-seat to edge-of-seat) and facing the same direction

Could increase desk spacing if desks shifted out to walls

Large furniture ideally removed or relocated to maximize available space for student desks

Reserved for immovable furniture, equipment, radiators, etc.

Teacher space

- Estimated 750 ft² capacity: ~22 students
- Capacity estimates will vary depending on classroom shape, desk size/type, immovable furniture, storage capabilities, etc.
- In this scenario, calculated 3' distance based on edge-of-seat to edge-of seat (desk-to-desk measurement would decrease classroom capacity)[1]

[1] Assumed 1.5' seat width, 2' desk width

Potential reduction in number of desks if classroom has a door outside of the teacher space

DRAFT for discussion only

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Appendix

Example – Common Safety Violations in School Classrooms (1/2)

Common Safety Violations in School Classrooms

The following are common safety violations found in the classroom whose corresponding numbers are listed on the back with explanations. Please review this diagram and follow the LAUSD recommendations to ensure our students' safety. For questions regarding any of the violations, please contact your site administrator or the Office of Environmental Health and Safety at (213) 241-3199
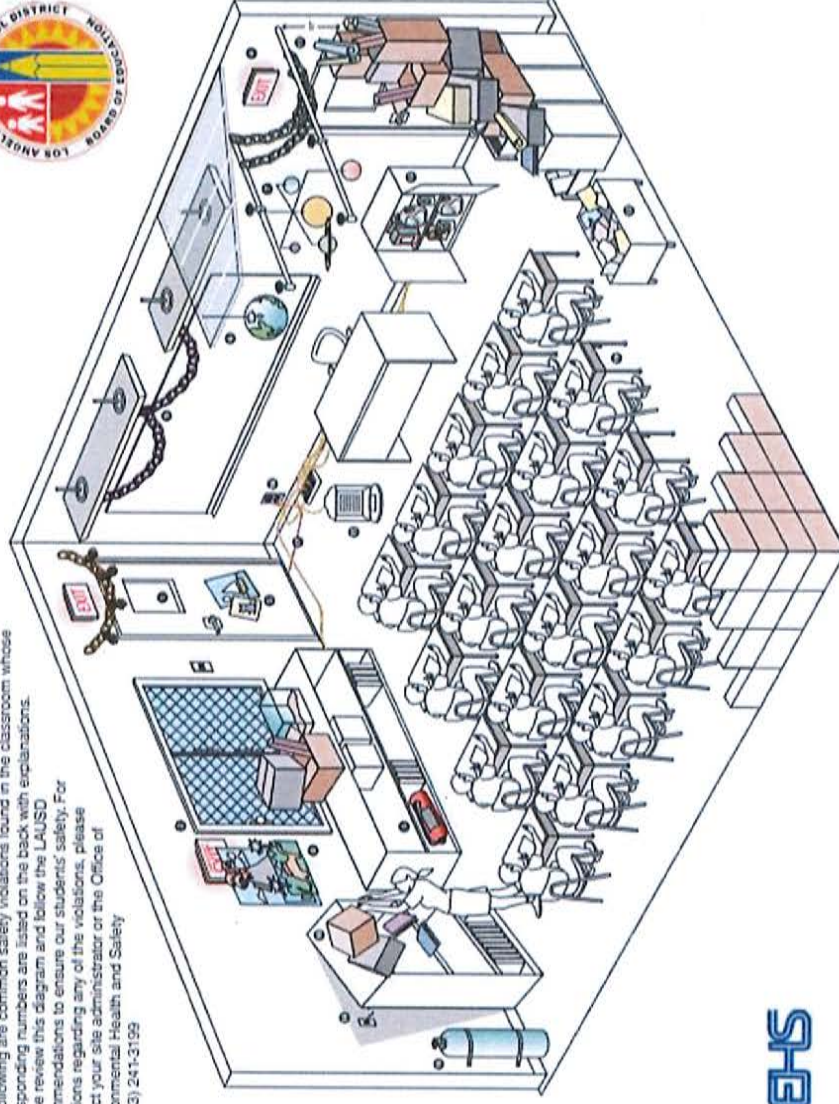
Source: Dennis-Yarmouth regional school district

Example – Common Safety Violations in School Classrooms (2/2)

Common Safety Violations in School Classrooms

1 Classroom exits shall remain clear and not blocked by any obstructions, such as cabinets that open into the exit path.

2 Classroom emergency exit windows shall not be blocked by items stored under or in front of the windows.

3 Classroom fire extinguishers shall be mounted in plain view and not blocked or hidden.

4 Exit signs for emergency window exits shall be visible at all times. Illuminated exit signs, when provided, shall be illuminated at all times.

5 Classroom exit doors shall not have decorations on the door.

6 Decorations or classroom materials that are suspended from ceilings shall be treated to be flame retardant and never impede an exit.

7 Suspending or hanging decorative items from fire sprinkler pipes is not allowed.

8 Flame retardant classroom wall decorations shall not extend out from the walls or cover exit signs.

9 Suspending decorative or instructional items from classroom ceiling lights is not allowed.

10 Material stored on top of shelves or cabinets may not be closer than 3 feet to the ceiling. This material shall also be secured so that, during an earthquake, it will not fall. Unfastened or unrestrained materials shall be removed.

11 Materials stored on top of shelves or cabinets may not be closer than 18" to automatic sprinkler heads.

12 Excess paper and other supplies, shall be stored in an orderly manner in approved storage closets and not in open classrooms.

13 Hazardous materials, such as cleaning products and chemicals used for instruction, shall be stored in approved secure locations and always kept out of reach of children. Science chemicals and very hazardous materials must be kept in hazardous materials cabinets.

14 All bookcases and cabinets shall be secured to walls.

15 Approved portable heaters shall be positioned so that they are not close to combustibles.

16 Do not plug more than one extension cord and one power strip into an electrical outlet. Extension cords shall be removed and stored at the end of the school day. Extension cords may not be put into permanent use. Extension cords and power strips may not be plugged in series.

17 Extension cords may not be extended from one classroom to another or create a tripping hazard.

18 All compressed gas cylinders shall be attached with restraints to prevent them from overturning.

19 Do not exceed the classroom occupancy load by putting too many students or desks in the room. (20 square feet per student.)

Most classrooms safety violations can be avoided by keeping classrooms clean, neat and well organized. Do not try and store more materials than your room was designed to safely handle. Do not obstruct the existing fire safety systems that are there to protect all occupants. Do not try and exceed the capacity of the room's electrical system with plug strips and extension cords. Always look out for conditions that have the potential to hurt students.

In addition to the illustrated classroom violations, there are some fire/safety violations that occur outside of the classroom. If you notice any of the following, please notify your site administrator.

Do not store items in basements or under stairs unless the entire area is sprinklered.

When storing items in closets or workrooms, maintain a 3 foot (36") clearance around all water heaters, electrical panels, fire alarms and portable fire extinguishers.

Parking of vehicles on campus shall be limited to official parking stalls only. Do not park vehicles on school grounds in such a way as to block paths or egress and access or any fire lanes.

Source: Dennis-Yarmouth regional school district