Mount Greylock Regional School District School Committee
Education Subcommittee
Date: Tuesday, July 14, 2020 **Time:** 2:30 pm
Location: Remote ZOOM meeting

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Per Governor Baker's order suspending certain provisions of the Open Meeting Law, M.G.L. c. 30A sec. 20, the public will not be allowed to physically access this School Committee meeting

Open Session Agenda

I. Call to order
II. Public comments
III. Approval of minutes
    A. June 23, 2020
IV. Reports from working group
V. Discussion of back to school plans
VI. Supplemental articles
    A. https://www.dropbox.com/sh/z6c40anua0pv2p1/AADZkRX2SAWgCqsCb3RKPOIia?dl=0 (provided by Amie Hane)
VII. Other business not anticipated by the Chair within 48 hours of the meeting
VIII. Motion to adjourn

Mt. Greylock Regional School District

School Committee Education Sub-Committee Minutes

Date: June 23, 2020
Start: 3:01 PM
Adjourn: 3:39 PM

Location:
Zoom

In Attendance:

Committee Members:	Also Present:
Steve Miller, Chair Alison Carter, Secretary **Absent:** Christina Conry, Vice Chair	Kimberley Grady, Superintendent Mary MacDonald, MGRHS Principal Jake Schutz, MGRHS Assistant Principal and incoming Principal Nolan Pratt, LES Principal Joelle Brookner, WES Principal Eileen Belastock, Director of Academic Technology Patrick Priester Maureen Andersen Trevor Bayliss Pat Blackman Julia Bowen Stephen Dravis Julieann Haskins Susan Langman Rob Matthews Anna Mello Marty Walter Mary Angelo-Roberts

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Item	Comments	Motion	Second	Vote
Call to order	Meeting called to order by Steve at 3:01 PM			
Public comment	Trevor Bayliss: Reached out to Kim knowing how difficult this is, as a medical provider taking care of a vulnerable population. Don't have answers. Nuances are tricky. Part of impetus to reach out was concern about a vocal minority petitioning about reopening school without social distancing or masks. At least one SC member had endorsed this petition. Wanted to reach out from a medical perspective to help. In touch with local pediatricians and family practice group. Here to support and willing to help guide difficult decisions. Going forward Childsy Art (District physician) happy to be more actively involved. Waiting to see guidelines from MASC.			

Approval of minutes	June 8 meeting	Carter	Miller	2-0-0
Roadmap to Reopening	Roadmap groups and Leads: Technology: Eileen Operations: Rob Facilities: Tim + custodial and cafeteria staff Instructional: Joelle Governance: Kim with Christina Parent group: Kim Wellness: Nolan MGEA (teacher and para bargaining units): Marty Kim: Were supposed to have Governor's guidance last week – still do not have it; hopeful it will come out Thursday. Waiting for directives and guidance from Commissioner before getting going, but starting the conversations. Parent group met today; expressed concerns. Many expressed that if masks are not required they will not send their children. Need to solicit broader feedback from parents. Discussed health professional involvement with Trevor Bayliss. Will have school doctor on committee for reopening. Have received guidance for PPE ordering if opening for first 12 weeks. Working on faculty survey and family survey to solicit input on comfort levels. Still considering three options: full opening, hybrid in person/remote, all remote. Admin has no position on these options yet. Steve: Would like an agenda item at future subcommittee meeting to discuss alternatives provided and alternatives that may have not been considered yet. Steve suggests that community reach out with expertise to help come up with the best solution. Instructional: Joelle: Trying to plan for all contingencies. Want to plan to go back but also want to have a plan in case plug is pulled by state, like this spring. Want to survey teachers again but concerned about survey overload. Kim: MGEA has weighed in on surveys; Eileen will share Marty's feedback with Joelle for further input. Marty wants well-rounded questions to ensure we get the information we are looking for. Will have another subcommittee meeting to discuss once guidelines and directives come out. Wellness: Nolan: Wellness committee has not met yet but collecting member feedback. Once we have roadmap can discuss in more detail. Kim: Met with school nurses who provided a questionnaire for summer programming, which could potentially start as soon as July 6. Patrick			

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	working on a questionnaire for daily entry – symptom check at dropoff. Also tracking PPE deliveries. Technology: Eileen: Met today. Focusing on devices, platforms, and professional development. Survey questions about what devices teachers are using, what might need to be purchased. New technology demo week of July 6. Working toward Canvas as a consistent platform at MS/HS. Some elementary school teachers are interested but also have Google Classroom and Class Dojo. Models – small group instruction at elementary school level. Curriculum PD tied to instruction. Tiered approach at department level at MG. These are beginning conversations because we don't know what things will look like yet – planning for all remote and will then work with whatever comes. Joelle: Likely a lot of overlap between working groups. Instructional group was discussing benchmarking and programming and interventions – links with wellness, technology. Need to make sure we connect or have cross-representation among groups. Kim: Jose Constantine and Nicole Porther assigned to help make those connections. MGEA: Marty and Kim meeting on Thursday to discuss; may need to reschedule if guidance is not out yet. Kim and Steve to discuss more about how to best convey information to school committee and community. For now suggest that roadmap subgroups present to full SC and community at the same time. Kim: Will keep posted on surveys – want to get out as soon as we can finalize. Steve: Tentative meeting next Wednesday or Thursday at 3pm. Kim will reach out to health professionals to attend.			
Business not anticipated	None			
Adjourn	**MOTION** to adjourn at 3:39 PM	Carter	Miller	2-0-0

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Respectfully Submitted,
Alison Carter
Education Sub-Committee Secretary

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Jeffrey C. Riley
Commissioner

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
    - 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
    - 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.
    - 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.

Community Interventions and Critical Populations Task Force
CDC COVID-19 Emergency Response

CRAFT Schools Briefing Packet

July 8, 2019

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K-12: Interim Guidance for Administrators of US K-12 Schools and Child Care Programs

Considerations for Schools

As some communities in the United States open K-12 schools, CDC offers considerations for ways in which schools can help protect students, teachers, administrators, and staff and slow the spread of COVID-19. Schools can determine, in collaboration with state and local health officials to the extent possible, whether and how to implement these considerations while adjusting to meet the unique needs and circumstances of the local community. Implementation should be guided by what is feasible, practical, acceptable, and tailored to the needs of each community. School-based health facilities may refer to CDC's Guidance for U.S. Healthcare Facilities and may find it helpful to reference the Ten Ways Healthcare Systems Can Operate Effectively During the COVID-19 Pandemic. These considerations are meant to supplement—**not replace**—any state, local, territorial, or tribal health and safety laws, rules, and regulations with which schools must comply.

The considerations are written with Guiding Principles to Keep in Mind including:

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

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

The considerations cover Promoting Behaviors that Reduce Spread, Maintaining Healthy Environments, Maintaining Healthy Operations, and Preparing for When Someone Gets Sick. Various supporting communications materials are also available.

School administrators can use CDC's K-12 Schools Readiness and Planning Tool to help protect students, staff and communities.

K-12 Schools and Child Care Programs

FAQs for Administrators, Teachers, and Parents

Administrators

Planning and Responding to COVID-19

- What should I consider as I plan and prepare for COVID-19? +
- What can staff and students do to prevent the spread of COVID-19? +
- How should my school prepare when there is no community transmission in our area? +
- What should I include in my emergency operations plan? +
- How should my school prepare when there is minimal to moderate community transmission in our area? +
- What should I do when there is substantial community transmission? +
- What resources does CDC have available to share with staff, students, and parents? +
- What should I do if my school experiences increased rates of absenteeism? +
- What steps should my school take if a student or staff member shows symptoms of COVID-19? +
- What should I do if the suspected sick student or staff member is confirmed to have 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? +
- 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? +
- 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? +

Teachers

- What can teachers do to protect themselves and their students? +
- How should I talk to my students about COVID-19? +

Parents

- What are schools doing to prepare for COVID-19? +
- How will I know if my child's school is closed? +
- Are children more at-risk? +
- How should parents talk to children about COVID-19? +

Interim Guidance for Administrators of US K-12 Schools and Child Care Programs

Plan, Prepare, and Respond to Coronavirus Disease 2019 (COVID-19)

Who is this guidance for?

This interim guidance is intended for administrators of public and private child care programs and K-12 schools. Administrators are individuals who oversee the daily operations of child care programs and K-12 schools, and may include positions like child care program directors, school district superintendents, principals, and assistant principals. This guidance is intended for administrators at both the school/facility and district level.

Why is this guidance being issued?

This guidance will help child care programs, schools, and their partners understand how to help prevent the transmission of COVID-19 within child care and school communities and facilities. It also aims to help child care programs, schools, and partners react quickly should a case be identified. The guidance includes considerations to help administrators plan for the continuity of teaching and learning if there is community spread of COVID-19.

What is the role of schools in responding to COVID-19?

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

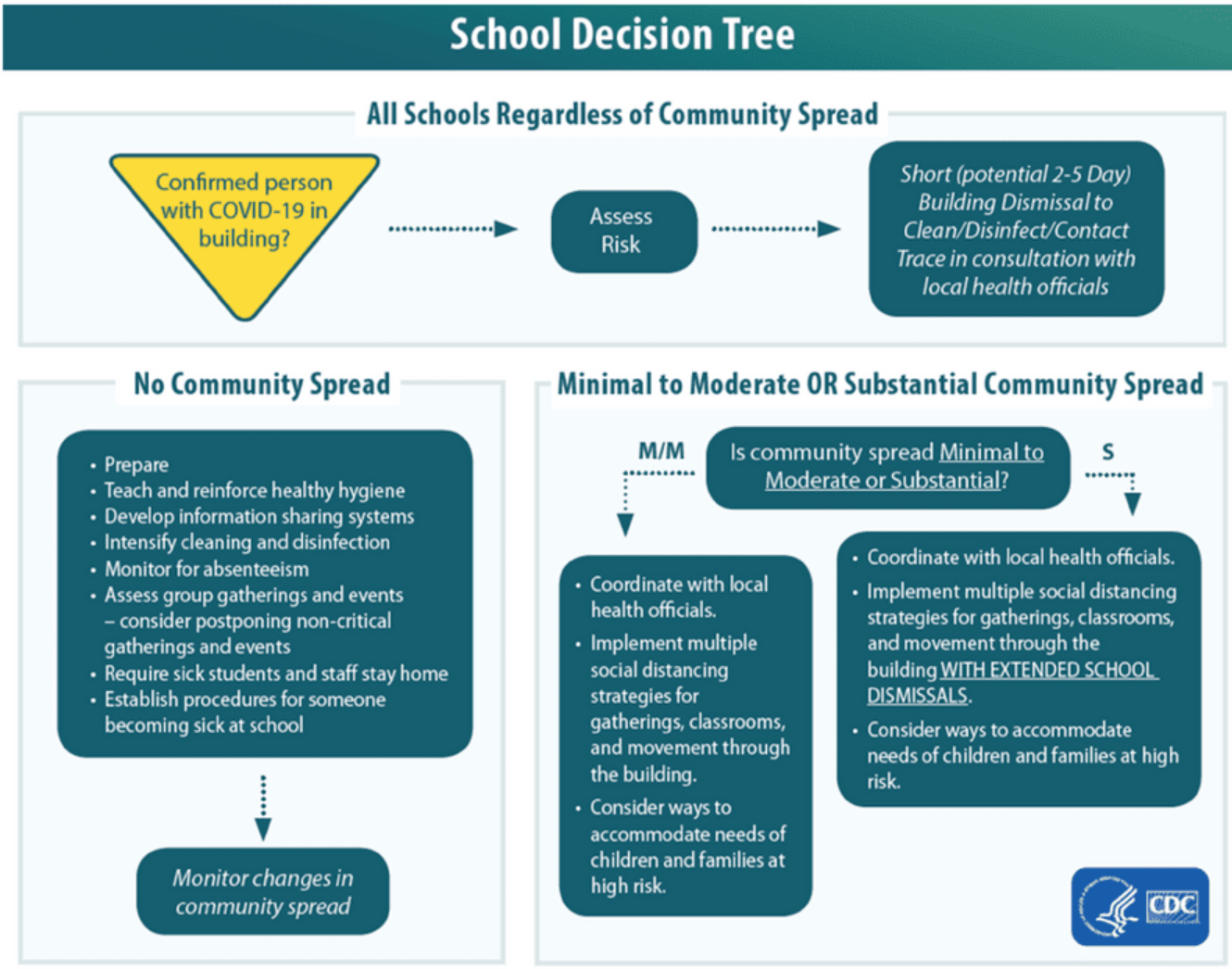
Information about COVID-19 in children is somewhat limited, but the information that is available suggests that children with confirmed COVID-19 generally had mild symptoms. Person-to-person spread from or to children, as among adults, is thought to occur mainly via respiratory droplets produced when an infected person coughs, sneezes, or talks. Recent studies indicate that people who are infected but do not have symptoms likely also play a role in the spread of COVID-19.

However, a small percentage of children have been reported to have more severe illness. Older adults and people who have serious underlying medical conditions are at highest risk of severe illness fromCOVID-19. Despite lower risk of serious illness among most children, children with COVID-19-like symptoms should avoid contact with others who might be at high risk for severe illness from COVID-19.

How should schools prepare for, and respond to, COVID-19?

Schools should be prepared for COVID-19 outbreaks in their local communities and for individual exposure events to occur in their facilities, regardless of the level of community transmission, for example a case associated with recent travel to an area with sustained COVID-19 transmission. The following decision tree can be used to help schools determine which set of mitigation strategies may be most appropriate for their current situation.

School Decision Tree



IHE: Considerations for Institutions of Higher Education

Colleges, Universities, and Higher Learning: Plan, Prepare, and Respond

Health Considerations and Tools

- Considerations for operating institutions of higher education
- Cleaning and disinfection guidance

More Information to Plan, Prepare, and Respond

- Interim guidance for administrators
- Guidance for student travel
- Considerations for administrators
- Worker safety and support resources
- Interim guidance for businesses and workplaces

Considerations for Institutions of Higher Education

As some institutions of higher education (IHE) open in the United States, the Centers for Disease Control and Prevention (CDC) offers the following considerations for ways in which IHEs can help protect students and employees (e.g., faculty, staff, and administrators) and slow the spread of the Coronavirus Disease 2019 (COVID-19). IHEs vary considerably in geographic location, size, and structure. As such, IHE officials can determine, in collaboration with state and local health officials, whether and how to implement these considerations while adjusting to meet the unique needs and circumstances of the IHE and local community. Implementation should be guided by what is feasible, practical, acceptable, and tailored to the needs of each community. Health facilities managed by the IHE may refer to CDC's Guidance for U.S. Healthcare Facilities and may find it helpful to reference the Ten Ways Healthcare Systems Can Operate Effectively During the COVID-19 Pandemic. These considerations are meant to supplement—**not replace**—any state, local, territorial, or tribal health and safety laws, rules, and regulations with which IHEs must comply.

The considerations include:

- Guiding Principles
- General Settings
- On-Campus Settings
- Reduce Spread
- Healthy Environments
- Healthy Operations
- When Someone Gets Sick
- Other Resources

Guiding Principles to Keep in Mind

The more an individual interacts with others, and the longer that interaction, the higher the risk of COVID-19 spread. The risk of COVID-19 spread increases in IHE non-residential and residential (i.e., on-campus housing) settings as follows:

IHE General Settings

- **Lowest Risk:** Faculty and students engage in virtual-only learning options, activities, and events.
- **More Risk:** Small in-person classes, activities, and events. Individuals remain spaced at least 6 feet apart and do not share objects (e.g., hybrid virtual and in-person class structures or staggered/rotated scheduling to accommodate smaller class sizes).
- **Highest Risk:** Full-sized in-person classes, activities, and events. Students are not spaced apart, share classroom materials or supplies, and mix between classes and activities.

IHE On-Campus Housing Settings

- **Lowest Risk:** Residence halls are closed, where feasible.
- **More Risk:** Residence halls are open at lower capacity and shared spaces are closed (e.g., kitchens, common areas).
- **Highest Risk:** Residence halls are open at full capacity including shared spaces (e.g., kitchens, common areas).

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

CDC Stakeholder Call: IHEs https://youtu.be/gxgH8-VGVwI

K-12 Testing: Interim Considerations for K-12 School Administrators for SARS-CoV-2 Testing

https://www.cdc.gov/coronavirus/2019-ncov/community/schools-childcare/k-12-testing.html

Updated June 30, 2020

These interim considerations are based on what is currently known about SARS-CoV-2 and COVID-19 as of the date of posting, June 30, 2020.

The US Centers for Disease Control and Prevention (CDC) will update these considerations as needed and as additional information becomes available. Please check CDC website periodically for updated interim guidance.

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

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

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

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

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

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

Viral tests approved or authorized by the Food and Drug Administration (FDA) are recommended to **diagnose current infection** with SARS-CoV-2, the virus that causes COVID-19. Viral tests evaluate whether the virus is present in a respiratory sample. Results from these tests help public health officials identify and isolate people who are infected in order to minimize SARS-CoV-2 transmission.

Antibody tests approved or authorized by the FDA are used to **detect a past infection** with SARS-CoV-2. CDC does not currently recommend using antibody testing as the sole basis for diagnosing current infection. Depending on when someone was infected and the timing of the test, the test may not find antibodies in someone with a current COVID-19 infection. In addition, it is not currently proven whether a positive antibody test indicates protection against future SARS-CoV-2 infection; therefore, antibody tests should not be used at this time to determine if someone is immune.

CDC recommendations for SARS-CoV-2 testing are based on what is currently known about the virus SARS-CoV-2 and what is known about it continues to change rapidly. Information on testing for SARS-CoV-2 will be updated as more information becomes available.

When testing might be needed

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

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

Testing individuals with signs or symptoms consistent with COVID-19

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

One strategy to identify individuals with COVID-19 symptoms is to conduct symptom screenings, such as temperature screening and/or symptom checking of staff and students. These screenings are one of many different tools schools can use to help lower the risk of SARS-CoV-2 transmission. However, because symptom screenings are not helpful for identification of individuals with COVID-19 who may be

asymptomatic or pre-symptomatic or if infected with an unrelated virus, symptom screening will not prevent all individuals with COVID-19 from entering the school. Screenings should be conducted safely and respectfully and in accordance with any applicable privacy laws and regulations. School administrators may use examples of screening methods in CDC's supplemental Guidance for Child Care Programs that Remain Open as a guide for screening children and CDC's General Business FAQs for screening staff.

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

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

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

SARS-CoV-2 testing is recommended for all close contacts of persons with COVID-19:

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

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

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

this testing approach among students, parents, and staff, lack of dedicated resources, practical considerations related to testing minors and potential disruption in the educational environment.

More resources for K-12 schools:

- For more information on facility-wide testing for asymptomatic individuals, please see the Standardized procedure for broad-based testing for SARS-CoV-2.
- For additional considerations for reducing COVID-19 spread in K-12 schools, see the Considerations for Schools.
- For information about daily life and coping during COVID-19 for students, staff, and families:
    - Encourage employees and students to take breaks from watching, reading, or listening to news stories, including social media if they are feeling overwhelmed or distressed.
    - Promote employees and students eating healthy, exercising, getting sleep and finding time to unwind.
    - Encourage employees and students to talk with people they trust about their concerns and how they are feeling.
    - Consider posting signages for the national distress hotline: 1-800-985-5990, or text TalkWithUs to 66746
    - Communities, Schools, Workplaces, and Events: Information for Where You Live, Work, Learn, and Play

IHE Testing: Interim Considerations for Institutions of Higher Education Administrators for SARS-CoV-2 Testing

https://www.cdc.gov/coronavirus/2019-ncov/community/colleges-universities/ihe-testing.html

Updated June 30, 2020

These interim considerations are based on what is currently known about SARS-CoV-2 and COVID-19 as of the date of posting, June 30, 2020.

The US Centers for Disease Control and Prevention (CDC) will update these considerations as needed and as additional information becomes available. Please check the CDC website periodically for updated interim guidance.

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

As some institutions of higher education (IHEs) open in the United States, CDC offers considerations for ways in which IHEs can help protect students, faculty, and staff and slow the spread of the coronavirus disease 2019 (COVID-19). Testing to diagnose COVID-19 is one component of a comprehensive strategy and should be used in conjunction with promoting behaviors that reduce spread, maintaining healthy environments, maintaining healthy operations, and preparing for when someone gets sick.

These CDC considerations are meant to supplement—**not replace**—any federal, state, local, territorial, or tribal health and safety laws, rules, and regulations with which IHEs must comply. Implementation should be guided by what is feasible, practical, and acceptable, as well as tailored to the needs of each community.

IHEs vary considerably in geographic location, size, and structure. As such, IHE officials should determine, in collaboration with state and local health officials, whether to implement any testing strategy, and if so, how to best do so.

Symptom screening and testing are strategies to identify individuals with COVID-19. In addition to screening and testing, COVID-19 contact tracing is an effective disease control strategy that involves identifying individuals and their contacts. Screening, testing, and contact tracing are actions that can be taken to slow and stop the spread of COVID-19. These strategies must be carried out in a way that protects individuals' privacy and confidentiality and is consistent with applicable laws and regulations. In addition to state and local laws, IHE administrators should follow guidance from the Equal Employment Opportunity Commission when offering testing to faculty, staff, and students who are employed by the IHE. IHEs also should follow guidance from the U.S. Department of Education on the Family Educational Rights and Privacy Act (FERPA) and the Health Insurance Portability and Accountability Act (HIPAA) and their applicability to students and COVID-19 contact tracing and testing.

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

Viral tests approved or authorized by the Food and Drug Administration (FDA) are recommended to **diagnose current infection** with SARS-CoV-2, the virus that causes COVID-19. Viral tests evaluate whether the virus is present in a respiratory sample. Results from these tests help public health officials identify and isolate people who are infected in order to minimize SARS-CoV-2 transmission.

Antibody tests approved or authorized by the FDA are used to **detect past infection** with SARS-CoV-2. CDC does not currently recommend using antibody testing as the sole basis for diagnosing current infection. Depending on when someone was infected and the timing of the test, the test may not find antibodies in someone with a current COVID-19 infection. In addition, it is currently not known whether a positive antibody test indicates immunity against SARS-CoV-2; therefore, antibody tests should not be used at this time to determine if an individual is immune.

CDC recommendations for SARS-CoV-2 testing are based on what is currently known about the virus. SARS-CoV-2 is new and what is known about it continues to change rapidly. Information on testing for SARS-CoV-2 will be updated as more information becomes available.

When testing might be needed

This document describes scenarios when IHEs may need to conduct SARS-CoV-2 viral testing for students, faculty, or staff, though ultimate determinations for such a test rest with IHEs in consultation with local health officials:

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

Testing individuals with signs or symptoms consistent with COVID-19

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

One strategy to identify individuals with COVID-19 signs or symptoms is to conduct daily symptom screening such as temperature screening and/or symptom checking for students, faculty, and staff. These screenings are one of many strategies IHEs can use to help lower the risk of COVID-19 transmission. However, because symptom screenings are not helpful for identification of individuals with COVID-19 who may be asymptomatic or pre-symptomatic, symptom screening alone will not prevent all individuals with COVID-19 from entering the IHE. Screenings should be conducted safely and respectfully and in accordance with any applicable privacy laws and regulations. IHEs may use examples of screening methods found in CDC's General Business FAQs.

IHE administrators and healthcare providers should immediately separate students, faculty, or staff with COVID-19 symptoms by providing distance learning options, isolation rooms in dormitories or other housing facilities, and providing alternative food service arrangements for those who live on campus. As part of symptom screenings, IHEs should be prepared to refer symptomatic individuals to an appropriate health care provider who will determine when viral testing for SARS-CoV-2 is appropriate.

IHEs can encourage individuals with suspected or confirmed COVID-19 to go to their place of residence, a designated isolation housing location (if living on-campus), or a healthcare facility depending on how severe their symptoms are, and follow CDC guidance for caring for oneself. IHEs can also encourage individuals to watch for emergency symptoms and seek emergency medical care if these symptoms occur.

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

Testing is recommended for all close contacts of persons diagnosed with COVID-19:

- Because of the potential for asymptomatic and/or pre-symptomatic transmission, it is important that contacts of individuals diagnosed with COVID-19 be quickly identified and tested. Feasibility of identifying and testing close contacts will likely vary by IHE and their local context.
- Additionally, in accordance with state and local laws and regulations, IHEs should work with local health officials to inform those who have had close contact with a person diagnosed with COVID-19 to wear cloth face coverings if they are able, quarantine in their living quarters or a designated housing location, and self-monitor for symptoms for 14 days.

In some settings, broader testing, beyond close contacts, is recommended as a part of a strategy to control transmission of SARS-CoV-2:

- In IHEs, residence halls, laboratory facilities, and lecture rooms may be settings with the potential for rapid and pervasive spread of SARS-CoV-2.
- Expanded testing might include testing of all people who were in proximity of an individual confirmed to have COVID-19 (e.g., those who shared communal spaces or bathrooms), or testing all individuals within a shared setting (e.g., testing all residents on a floor or an entire residence hall). Testing in these situations can be helpful because in high density settings it can be particularly challenging to accurately identify everyone who had close contact with an individual confirmed to have COVID-19. For example, students who do not know each other could potentially be close contacts if they are both in a shared communal space.
- IHEs might want to consider that some people are at increased risk of severe illness from COVID-19. Everyone is at risk for getting COVID-19 if they are exposed to the virus, but some people are more likely than others to become severely ill, which means that they may require hospitalization, intensive care, or a ventilator to help them breathe, or they may even die.
- Decisions about the level of risk and the scope of testing should be made in coordination with state, territorial, Tribal, and local health officials.

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

Testing of all students, faculty and staff for COVID-19 before allowing campus entry (entry testing) has not been systematically studied. It is unknown if entry testing in IHEs provides any additional reduction in person-to-person transmission of the virus beyond what would be expected with implementation of other infection preventive measures (e.g., social distancing, cloth face covering, hand washing, enhanced cleaning and disinfection). **Therefore, CDC does not recommend entry testing of all returning students, faculty, and staff.**

However, some IHEs are planning to adopt and implement this testing approach. IHEs planning for this testing approach should take into account the following:

- Acceptability of this testing approach among students, their families, faculty and staff.
- Limited availability of dedicated resources and the logistics needed to conduct broad testing among students, faculty, and staff in IHE settings. Examples of resources include trained staff to conduct tests, personal protective equipment, and physical space for conducting testing safely and ensuring privacy.
- Limited usefulness of a single administration of testing. Single administration could miss cases in the early stages of infection or subsequent exposures resulting in transmission, and would only provide COVID-19 status for individuals at that specific point in time.
- Specific features of their campus. For example, residential college communities that do not have frequent interaction with surrounding communities might have less potential exposure to COVID-19 than an IHE campus with commuter students or campuses where students engage frequently and/or live within the community.

In areas with moderate to substantial community transmission where resources allow, local health officials and IHEs may consider testing some or all asymptomatic students, faculty, and staff who have no known exposure (e.g., students in congregate housing such as residence halls) to identify outbreaks and inform control measures.

More resources for Institutions of Higher Education:

- For more information on facility-wide testing for asymptomatic individuals, please see the Standardized procedure for broad-based testing for SARS-CoV-2.
- For additional considerations for reducing COVID-19 spread in IHEs, see the Considerations for Institutions of Higher Education.
- For information about daily life and coping during COVID-19 for students, faculty, and staff:
    - Encourage employees and students to take breaks from watching, reading, or listening to news stories, including social media if they are feeling overwhelmed or distressed.
    - Promote employees and students eating healthy, exercising, getting sleep and finding time to unwind.
    - Encourage employees and students to talk with people they trust about their concerns and how they are feeling.
    - Consider posting signages for the national distress hotline: 1-800-985-5990, or text TalkWithUs to 66746
- Communities, Schools, Workplaces, and Events: Information for Where You Live, Work, Learn, and Play

Talking Points

K-12

Summary:

Many states have posted school (K-12) reopening and mitigation plans on the web in a variety of formats. Most allow for district-specific plans, though requirements districts must follow are outlined. Some states have decided on only in-person or hybrid (in-person and virtual options); others have not decided yet or are leaving those decisions up to local educational agencies. Overall, guidance is in line with CDC guidelines, and CDC was directly referenced in most of the plans reviewed. Plans include information on reduced class and event sizes; encouragement or requirement of the use of cloth face coverings; increased cleaning and disinfection; hygiene (many said they would provide five opportunities for hand washing a day); modifications of flow of foot traffic to encourage social distancing; contact tracing programs; and nutrition, social, and emotional support for students, staff, and families. The most detailed plans reviewed were from Florida, Oregon, Oklahoma, and Minnesota.

- Noticeable gaps are identified in these plans. While many jurisdictions and districts mention symptom screening, very few include information as to the response or course of action they would take if student/faculty/staff are found to have symptoms, nor have they clearly identified which symptoms they will include in their screening. In addition, few plans include information regarding school closure in the event of positive tests in the school community. Many districts include placeholder language noting that they will develop a plan. CDC has a focused team within the response working to ensure that districts, administrators, and families have access to the resources and guidance they need to address these gaps.

Institutions of Higher Education (IHE)

Many Institutions of Higher Education (IHE) have posted their reopening and mitigation plans online. While some variation in plans exist among the colleges and universities, overall, they are in line with CDC guidelines, and CDC was directly referenced in some of the plans reviewed. Plans include information on compressed fall semesters; hybrid course instruction (both in person and virtual options); reduced class and event sizes; encouragement or requirement of the use of cloth face coverings; screening; increased cleaning and disinfection; promoting hand hygiene; modifications of floor layouts and flow of foot traffic to encourage social distancing; and contact tracing programs.

The most detailed plans reviewed were from historically black colleges (HBUs) (Hampton University, Lincoln University); community colleges (Arizona Western College, Community College of Baltimore County, Clark State Community College), public universities (Pennsylvania State University, Temple University, University of Kentucky, Florida International University); private universities (Emory University, Vanderbilt University, Johns Hopkins University, Yale University, Southern Methodist University); and tribal institutions (Institutes of American Indian Arts).

1) Themes/common practices

- **Cloth Face Coverings** will be required among all staff and students at many IHEs including historically black colleges (HBUs), community colleges, public universities, private universities, and tribal institutions (Hampton University, Arizona Western College, Temple University, Vanderbilt University, Institutes of American Indian Arts).
- **Hybrid Course Instruction** including both in person and virtual options will be common at many IHEs including HBUs, community colleges, public, and private universities (Hampton University, Arizona Western College, Florida International University, Emory University, Vanderbilt University)
- **Daily Health Self-checks** will be required by all staff and students at some IHEs (Vanderbilt University, Yale University, Temple University)
- **Mandatory Testing** is included in reopening plans for some (private) universities (Emory University, Vanderbilt University)
- **Compressed Fall Semesters** without breaks are planned for a number of private and public IHEs (Emory University, Vanderbilt University, Southern Methodist University, University of Kentucky)
- **Limiting Residence Hall Capacity** will be an approach put in place by a number of HBU, public, and private residential IHEs (Hampton University, Emory University, Pennsylvania State University).
- **Modified Layouts** in classrooms, hallways, and dining halls to promote social/physical distancing on campus are a common part of many IHE reopening plans including HBUs, community colleges, public universities, private universities, and tribal institutions (Hampton University, Clark State Community College, Florida International University, Vanderbilt University, Institutes of American Indian Arts)
- **Enhanced Cleaning and Disinfection** of campus facilities, including restrooms and frequently touched surfaces, is a part of many IHEs reopening plans (Community College of Baltimore County, Florida International University, Emory University, Vanderbilt University, Institutes of American Indian Arts)

2) Innovations

- **Modified Layout Approaches**: Community College of Baltimore will be propping interior doors open across campus to minimize touch points and will be designating "up" and "down" stairwells to minimize close contact. They are also limiting elevator capacity to a maximum of 2 people at a time.
- **Modified Operations**: Vanderbilt University will expand opportunities for mobile ordering and "grab-and-go" options at campus dining facilities. They are also adding contactless "tap" checkouts.
- **COVID-19 Testing and Treatment**: Temple University is creating a new COVID-19 Testing and Treatment facility that is separate from the university's normal health services operations.
- **Contact Tracing:** Temple University is also partnering with the Philadelphia Department of Public Health to develop an internal contact tracing unit.
- **Notifications/Alerts**: Southern Methodist University will be updating its COVID-19 website with information as positive cases are identified, and students and staff can sign up to receive alerts when the site is updated.

3) Examples of Consistency with CDC Guidance

- **Modified Layouts and Social Distancing**
  - Institutes of American Indian Arts- Individual office spaces and desks cannot be shared, and maximum capacity will be reduced for conference rooms and common areas.
  - Vanderbilt University- Changes to foot-traffic flow throughout buildings and on campus pathways.
- **Cloth Face Coverings**
  - Hampton University and Vanderbilt University: Mandatory face masks/coverings for all students, faculty, staff and visitors.
  - University of Kentucky: Employees only must wear face masks/covering when in public or when the employee may encounter another person.
  - Lincoln University: Employees are encouraged to wear their own cloth face covering/mask; a cloth face covering will be provided if an employee/visitor does not have one at the point of entry.
- **Screening**
  - Lincoln University: Temperature screening or symptom assessment of employees; to ensure compliance with privacy laws, screening records will not be maintained by departments.
- **Limit In-Person Class Sizes, Events, and Gatherings**
  - Hampton University: In-person class sizes and gatherings will be reduced to 50% capacity. Occupancy guidelines will be posted for meeting and conference workspaces.
  - Yale: Limiting size of Yale-hosted meetings and events.
- **Telework and Virtual Meetings/Services**
  - Arizona Western University: Departments will continue to offer virtual services to students, colleagues and the community throughout the fall semester and beyond.
  - Institutes of American Indian Arts: Meetings in which social distancing cannot be maintained will require the use of virtual Zoom technology or other web-based video conferencing tools.
- **Close or Modify Use of Communal Spaces**
  - Arizona Western University: Establishing a Car-to-Classroom plan for students for Fall 2020 – no events, no gatherings, no hanging out in Game Room, student lounges or other gathering spaces.
  - University of Kentucky: Break rooms, elevators, lunchrooms or other common areas should only be used by one employee at a time, if practical.
- **Physical Barriers and Guides**
  - Community College of Baltimore County: Floor markings are installed to facilitate social distancing.
- **Enhanced Cleaning and Disinfection**
  - Florida International University, Institutes of American Indian Arts, Vanderbilt University and Community College of Baltimore County: Increased frequency of cleaning of common areas and high touch points, such as light switches, phones, door handles, railings, etc.

- **Promoting Hand Hygiene**
  - Institutes of American Indian Arts and Florida International University: Hand hygiene is required—frequent washing with soap and water or using hand sanitizer.
- **Posting Signs Promoting Everyday Protective Measures**
  - Institutes of American Indian Arts: Use of signage and other communications to remind students, faculty, and staff regarding the utmost importance of social distancing, hand hygiene, and respiratory etiquette.
- **Staff Training**
  - Southern Methodist University: All employees returning to work completed a "COVID-19 Return-to-Work Training" before returning to campus.

4) Differences Across the Different Categories/Types of IHEs

- **Mandatory Testing** was only mentioned in the reopening plans of private universities (Hampton University, Emory University, Vanderbilt University)
- **Compressed Fall Semesters** without breaks are planned only for residential universities and not mentioned for community colleges or tribal institutions (Emory University, Vanderbilt University, Southern Methodist University, University of Kentucky)

IHE Athletics

- Directly impacts a relatively small number of U.S. public, but is high visibility and affects much of the public indirectly given the strong interest in college athletics among a broad swath of the public.
- Very complicated to manage COVID-19 risk; guidance for college athletics would comprise a combination of previously developed sets of guidance:
  - Youth sports: Offers guidance with respect to social distancing, reducing use of shared objects (e.g., bats and balls), reducing travel for competitions.
  - Gatherings and events: Offers guidance with respect to social distancing, limiting crowd size, signs encouraging hygiene, cleaning/disinfection/ventilation, and food service.
  - Travel: Applicable to air and bus travel by teams to away competitions.
  - Institutions of higher education: Applicable as many athletes live in congregate settings, sometimes living with non-athletes and sometimes living exclusively with other athletes; in addition, many athletic programs offer food service separate from those available to non-athletes.
  - Healthcare providers: Applicable as many college athletic departments manage healthcare needs of their athletes.
- Key questions that have been raised:
  - How should teams manage a positive case when most/all of the team could be considered a close contact? Should the team quarantine for 14 days and forfeit all of those competitions?
  - Can certain sports (e.g., basketball, wrestling) ever be safe for practice or competition when very close contact is inherent to the sport and social distancing is not possible?

- Is it safe for at least some fans to attend competitions? Some revenue-generating sports are considering limited attendance by fans this fall; CDC guidance for gatherings and events can be helpful.

School Reopening Plans

Examples of K-12 Reopening and Mitigation Plans for 2020

Summary:

Many states have posted school (K-12) reopening and mitigation plans on the web in a variety of formats. Most allow for district-specific plans, though requirements districts must follow are outlined. Some states have decided on only in-person or hybrid (in-person and virtual options); others have not decided yet or are leaving those decisions up to local educational agencies. Overall, guidance is in line with CDC guidelines, and CDC was directly referenced in most of the plans reviewed. Plans include information on reduced class and event sizes; encouragement or requirement of the use of cloth face coverings; increased cleaning and disinfection; hygiene (many said they would provide five opportunities for hand washing a day); modifications of flow of foot traffic to encourage social distancing; contact tracing programs; and nutrition, social, and emotional support for students, staff, and families. The most detailed plans reviewed were from Florida, Oregon, Oklahoma, and Minnesota.

Noticeable gaps are identified in these plans. While many jurisdictions and districts mention symptom screening, very few include information as to the response or course of action they would take if student/faculty/staff are found to have symptoms, nor have they clearly identified which symptoms they will include in their screening. In addition, few plans include information regarding school closure in the event of positive tests in the school community. Many districts include placeholder language noting that they will develop a plan. CDC has a focused team within the response working to ensure that districts, administrators, and families have access to the resources and guidance they need to address these gaps.

Map of State-by-State School Re-entry Guidance and Resources:

https://docs.google.com/presentation/d/1BDwGDnRuKr6XNPkhckgK_qoxIaaWaewoy5YCj3hzXmE/edit#slide=id.p.

Alabama

- The Alabama State Department of Education has developed a roadmap for reopening schools, including a roadmap for parents.
- Alabama has invested in a new cloud-based learning management system and curriculum for schools.
- Virtual learning will be an option for the upcoming (2020-2021) school year; parents who are concerned about Covid-19 because of the health of their child or a family member can choose virtual learning.
- The state is working with school districts to assess ways schools can increase social distancing.
- Investing in WIFI for buses
- ADPH will continue contact tracing.

- State has encouraged school districts to start later
- Extracurricular activities will look different – working with schools and teachers to figure out how extra and cocurricular activities can be delivered more safely.
- Source: https://www.alsde.edu/covid-19

Alaska

- Alaska has developed a 'Smart Start 2020' for K-12 Schools Restart and Reentry Framework Guidance for the 2020-2021 School Year
- Using this framework, the Department of Health and Social Services will define and establish the parameters for how schools can safely operate in a low, medium, and high risk environment.
- With the support of Department of Education and Early Development, districts and schools will then build modular plans for how they will deliver education under each of these environments – focusing on three primary areas: (1) the conditions for learning, (2) the continuity of learning, and (3) the capacities for learning.

Illustration of the framework districts and schools will use to plan for the delivery of education. Listed under each primary area are example topics schools and districts will need to address in their plans.

- Source: https://education.alaska.gov/news/COVID-19/Alaska%20Smart%20Start%202020%20Framework%20Guidance.pdf

Arkansas' Blytheville School District, Blytheville, AR

- Plan presents two learning environment options: for 2020 - 2021 School Year - August 11th start date
    - Option 1 - Traditional School on Campus - regular school day (adhering to ADH guidance); plans are to have as normal a day as possible while following safety standards; digital learning will be incorporated into day-to-day instruction; classrooms will be arranged to provide social distancing as feasible and practical; concurrent credit courses through ANC are included in the traditional approach
    - Option 2 - Full-time Free Virtual Academy - students choose to learn remotely from home full time using digital curriculum in the Blytheville Public Schools Virtual Academy (BPSVA); for students not comfortable returning to onsite instruction; parents can sign

up for this option and commit to a minimum of a semester; district provides the Chromebook; on-campus or extracurricular activity participation on a case-by-case basis; the application will be posted on the district website and later in this document; an orientation will be conducted prior to the start of school

- Source: https://www.blythevilleschools.com/article/263789?org=bsd

Connecticut

- Local educational agencies should plan to have all students, in all districts, return to schoolhouses for full-time instruction at the beginning of 2020-2021, so long as public health data continues to support this model. This model will be supported with more intensive mitigation strategies and specific monitoring, containment and class cancellation plans
    - As Connecticut schools plan to reopen, the guidance and considerations outlined in this document are grounded in six guiding principles:

        1. Safeguarding the health & safety of students and staff;

        2. Allowing all students the opportunity to return into the classrooms full time starting in the fall;

        3. Monitoring the school populations and, when necessary, potentially cancelling classes in the future to appropriately contain COVID-19 spread;

        4. Emphasizing equity, access, and support to the students and communities who are emerging from this historic disruption;

        5. Fostering strong two-way communication with partners such as families, educators and staff; and

        6. Factoring into decisions about reopening the challenges to the physical safety and social-emotional well-being of our students when they are not in school.

- Main operational considerations:
    - Cohorting: Emphasize grouping students by the same class/group of students and teacher (into a cohort) so each team functions independently as much as possible. Consider this methodology by grade levels. Placing students in cohorts is strongly encouraged for grades K-8, and encouraged where feasible for grades 9-12.
    - Transportation: Local Educational Agencies (LEAs) should plan for buses to operate close to capacity with heightened health and safety protocols, including requiring all students and operators wear face coverings. Plans must be developed to activate increased social distancing protocols based upon community spread.
    - Social Distancing and Facilities: Review building space and reconfigure available classroom space, such as gymnasiums and auditoriums, to maximize social distancing, consistent with public health guidelines in place at that time.

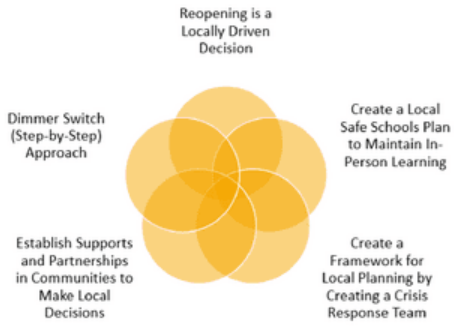
- Face Coverings: All staff and students will be expected to wear a protective face covering or face mask that completely covers the nose and mouth when inside the school building, except for certain exceptions including when teachers are providing instruction.

- Source: https://portal.ct.gov/-/media/SDE/COVID-19/Reopening_Executive_Summary.pdf

Florida

- Reopening Florida's Schools and the CARES Act Plan
- Outline of Plan:
  - Part 1: This plan provides diverse insights on the connection between schools and the economy and their subsequent impacts on achievement gaps.
  - Part 2: Provides health and instructional recommendations for reopening Florida's schools, aligned to the executive direction of Florida Governor Ron DeSantis, the Re-Open Florida Task Force's Safe. Smart. Step-by-Step. Plan, the Florida Department of Health (FDOH) and CDC. Child care (early learning) programs, K-12 schools and postsecondary institutions should use this document as points to consider and implement with local context, and note that health related mitigations may need to adjust as Florida learns more about the impacts of COVID-19.
    - Examples of recommendations from this section:
      - Recommendations to reduce risks during the school day:
        - As feasible, keep groups of students together throughout the day to minimize the number of people in close contact with each person.
        - As feasible, convert cafeterias, libraries, gymnasiums, auditoriums, outdoor areas into classroom space.
        - Explore allowing students to eat meals in traditional classroom space or outdoors.
        - Move nonessential furniture and equipment out of classrooms to increase distance between students and turn desks the same direction.
        - Maintain a maximum distance between desks as possible, even if not able to achieve 6 feet, and avoid sharing of textbooks, supplies and toys.
        - Consider setting up a secondary clinic in schools, exclusively for students showing symptoms of COVID-19.

- Recommendations to Reduce Risks at Front Door:
    - Create a crisis response team at the district, school or program level, as applicable.
    - Post a crisis plan and response check list where they are easily accessible.
    - Consider screening students, employees and visitors through visual signage, verbal questions or visual assessments.
    - As feasible and while maintaining the goal of getting students on campus every day, explore staggered schedules, start and end times to limit crowds.
    - CDC's guidance on cloth face coverings is quoted



- Responding to a confirmed case: include CDC's Decision Tree
- Part 3: This plan provides the Florida Department of Education's (FDOE) implementation plan for the federal Coronavirus Aid, Relief, and Economic Security (CARES) Act's education and child care related components
- Part 4: This plan holds adequate reserve funds back for needs that may emerge closer to and during the 2020-2021 academic year.

- Source: http://www.fldoe.org/core/fileparse.php/19861/urlt/FLDOEReopeningCARESAct.pdf

Georgia, Gwinnett County Public Schools (GCPS)

- GCPS is preparing to start the 2020-21 school year as planned on August 5.
- As part of the planning process, they gathered feedback from families about their preferred way to return to school. A survey completed in mid-June showed that 43% of parents prefer a return to in-person instruction; 34% prefer 100% digital learning; and 23% prefer an option that combines in-person instruction with digital learning.

- They determined that the most prudent course of action is to open the school year with in-person instruction, along with an option for digital learning, for students in grades K-12.
- For immediate planning purposes, they will be asking all families to tell us which option they prefer for each of their children:

    1. In-person instruction at their child's school; or
    2. Digital learning for their child at home.

- Students will attend school based on the option chosen for all of first semester (through December). A change may be made after the first nine weeks, if it is needed to better serve the student.
- <u>Details on In-Person Option:</u>
    - Families should self-screen at home. It is recommended that families take temperatures daily before going to school. Anyone with a fever of 100.4 F or higher should not go to a school site. Students and adults also should screen themselves for respiratory symptoms such as cough and shortness of breath prior to coming to school each day.
    - Periodic screenings, including random temperature checks, will be conducted. Students and staff with COVID-19 symptoms or a temperature of 100.4+ will be isolated immediately and sent home.
    - All students and employees must stay home if they have COVID-19 symptoms, tested positive, or had close contact with a person with COVID-19 within the last 14 days.
    - For those who are ill, health dept. guidelines will be followed for return to school/work.
    - Frequent handwashing encouraged, with breaks for scheduled handwashing at ES level. We also will recommend bringing hand sanitizer from home.
    - Cleaning/disinfecting of buildings, surfaces, and high-touch objects will be done more frequently. Ventilation systems will be monitored for proper operation.
    - Buses will be cleaned/disinfected after morning/afternoon routes.
    - The use of masks can be a challenge for some children and adults, so it will not be required. However, the wearing of masks will be encouraged for those who can.
    - Schools will limit visitors; serve meals in classrooms; stagger lunch, playground, and class-change schedules; and hold meetings/events virtually as possible.
    - Where feasible, rooms will be arranged with student desks facing the same direction and students seated at tables will sit on the same side.
    - Students will be discouraged from sharing books, materials, supplies, or equipment, including devices and equipment used for athletics/PE.
    - Cleaning/disinfecting protocols will be used in computer labs, media centers, and athletic facilities.

- Cafeteria keypads will be replaced with a barcode scanning system.
    - Water fountains will be closed. Students will be encouraged to bring water from home.

- Details on Digital Learning Option
    - The expectations for students participating in digital learning in the fall of 2020 will be the same as for those attending in-school in terms of attendance, grading, and accountability.
    - For the most part, the digital learning day will follow the same operational hours as the in-person school day.
    - For those, who choose digital learning, students will need access to reliable internet and devices. Sharing a device is not recommended as multiple students in a family would "attend" digital lessons at the same time during the school day.
    - During the spring, we learned that parent involvement is a key to successful digital learning as students may need parental assistance during the digital learning school day.
    - Source: https://publish.gwinnett.k12.ga.us/gcps/home/public/about/content/covid-19/letters

Illinois

- Executive Order 2020-40, filed on June 4, 2020, allowed schools to reopen for in-person instruction in Phase 3.
- In-person instruction is strongly encouraged in Phase 4; however, it is critical to note that this does not signify a return to pre-pandemic operations. Appropriate social distancing, face coverings, enhanced sanitation measures, and other accommodations will be necessary to ensure the safety of students, staff, and their families.
- During Phase 4, IDPH guidelines will:
    - Require use of appropriate personal protective equipment (PPE), including face coverings;
    - Prohibit more than 50 individuals from gathering in one space
    - Require social distancing be observed, as much as possible
    - Require that schools conduct symptom screenings and temperature checks or require that individuals self-certify that they are free of symptoms before entering school buildings; and
    - Require an increase in schoolwide cleaning and disinfection.

- All public and nonpublic schools in Illinois serving prekindergarten through 12th grade students must follow these guidelines.
- Schools and districts should also prepare for a return to remote instruction in the event of a resurgence of the virus or a second wave of it in the fall
- PA 101-0643 requires that school districts "adopt a Remote and Blended Remote Learning Day Plan approved by the district superintendent." Furthermore, the legislation stipulates that "Remote Learning Day or Blended Remote Learning Day may be met through a district's implementation of an e-learning program under Section 10-20.56."
- ISBE strongly encourages schools and districts to provide in-person instruction for all students, especially those under the age of 13, to avoid the need for child care and exposure to additional individuals
- Schools and districts are strongly encouraged to provide in-person instruction to students. However, schools and districts that are unable to adhere to IDPH requirements may choose to implement Blended Remote Learning Days, which are authorized by PA 101-0643.
- Calendar considerations for local districts need to be thorough and thoughtful. Districts may consider amending school calendars to include earlier start dates so the first term can be completed by the end of November in the event there is a second wave of the virus.
- To help students comply with social distancing as much as possible, consider revising activities that combine classes or grade levels or require travel to other buildings.
- Consider synchronously broadcasting in-class instruction to multiple rooms to allow students to spread out.
- Implement a home-room stay, meaning the teachers rotate instead of the students.
- Consider moving class activities outdoors if weather and safety considerations permit.
- Districts should proactively prepare staff and students to prevent the spread of COVID-19 or any other infectious disease.
- All employees should be trained on health and safety protocols related to COVID-19 prior to resuming in-person instruction. Consider referring to recommendations and strategies from the CDC: Guidance for Businesses and Employers and Considerations for Schools for guidance. Sections of this guidance were previously published in Part 2 and may be updated.
- All individuals in school buildings, including all public and nonpublic schools that serve students in prekindergarten through grade 12, must wear face coverings at all times unless they are younger than 2 years of age; have trouble breathing; or are unconscious, incapacitated, or otherwise unable to remove the cover without assistance. Face coverings must be worn at all times in school buildings even when social distancing is

maintained. Face coverings do not need to be worn outside if social distance is maintained.

- Schools and districts must conduct temperature and symptom screenings or require self certification and verification for all staff, students, and visitors entering school buildings.
- Schools should consider the number of students and adults in the cafeteria during each breakfast and lunch period and ensure that it does not exceed that maximum gathering size per the Restore Illinois plan (no more than 10 individuals during Phase 3 and no more than 50 individuals during Phase 4, if possible)

- Source: https://www.isbe.net/Documents/Part-3-Transition-Planning-Phase-4.pdf

Kentucky:

- Kentucky released Guidance on Safety Expectations and Best Practices for Kentucky Schools (K-12)
  - Practices listed in this document are divided into safety expectations that must be implemented by schools, as determined by the Kentucky Department for Public Health. Best practices are additional strategies that schools may choose to follow in order to optimize the safety of students and staff.
  - Safety expectations are fully explained in this guide (only a few examples of what is included in the guide are below):
    - Social Distancing:
      - Stagger arrival and dismissal times.
      - Increase space between students by rearranging seating to maximize space between students to be 6 feet or greater.
      - If the physical space in the school does not allow for spacing students' desks 6 feet apart, space desks as far away as possible and require masks at all times in that classroom for students and staff. All desks should be arranged so students seats face the same direction.
      - Model creating space between students/staff and avoid unnecessary contact or movement within the personal space of 6 feet.
    - Cloth Face Coverings
      - Students who are enrolled in first grade and above and staff should be required to wear a cloth face covering, unless medically waivered. Masks can be lowered during classroom time if all students and staff are seated 6 feet apart and no persons are walking around inside the classroom.
    - School Health Policies, and Personal Protective Equipment

- Screening and School Exclusion
    - Temperature check (touchless thermometer) for all students and staff at point of school property entry.
- Sanitation and Environmental Factors:
    - Post signs throughout the school facility encouraging proper hand and respiratory hygiene practices (covering coughs and sneezes).
    - Daily cleaning and disinfection of all school facilities.
    - Stagger lunch times and promote social distancing at tables (include accommodation for students with food allergies). If students eat in the cafeteria, surfaces must be cleaned and sanitized between cohorts of diners. Seat assignment and a manifest will be needed to support contact tracing if the school experiences a positive case of COVID-19.
- Contact Tracing: Notify local health department of any positive cases of COVID-19 and be prepared to cooperate with the contact tracing investigation with manifests of bus transportation, classroom cohorts, cafeteria setting charts, etc., that will allow quick identification of those at high risk of infection from the positive COVID-19 student/staff. Quickly initiating a 14 day quarantine of these at-risk individuals is our best defense against further spread of the viral illness

- Source:https://education.ky.gov/comm/Documents/Safety%20Expectations_FINAL%20DOC.pdf

Los Angeles County, California

- A Planning Framework was created by local educational agency leaders (LEAs) to work with their teams to plan for the 2020-2021 school year.
- LEAs may adapt this framework as needed
- Framework Vision: Throughout the 2020-21 school year, our communities are healthy and connected, and all students are receiving high-quality instruction that meets their needs
- Framework Guiding Principles:
    - Maintaining continuity of instruction
    - Keeping students and staff safe and healthy
    - Ensuring access and equity for all students
    - Communicating with stakeholders, such as staff, families, bargaining units and partners

  - Ensuring flexibility to meet the needs and advocate for all students, while maintaining fiscal solvency
  - Take into account in five primary focus areas: Instruction, Health and Safety, Social-Emotional Support Systems, Family and Community Engagement and Operations.
- LA County Department of Public Health guidelines should be used to support local planning
- LEAs should exercise local control, and engage staff, students, families, professional associations, and community partners in planning
- Three sections of planning framework:
  - Align Vision and Direction
  - Assess Student, Staff, and Organizational Needs
  - LEA Planning
- LEAs should select the teaching model(s) that best fit the needs of their students.
  - Face to Face: *The teacher and the student meet physically in a set place for a set time, for either one-on-one learning or in group classroom lessons with social distancing measures in place, as well as health and safety measures.*
  - Hybrid: Hybrid learning occurs both in the classroom (or other physical space) with social distancing measures in place, as well as health and safety measures, and via distance learning.
  - Distance learning: Distance learning occurs when the learner and instructor, or source of information, are separated by time and distance and therefore cannot meet in a traditional physical classroom setting.
- Source: https://www.lacoe.edu/Home/School-Reopening

Massachusetts

- Planning document clearly states goal for this fall: the safe return of as many students as possible to in-person school settings, to maximize learning and address our students' holistic needs.
- 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.
- 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.

- 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.
- Examples of guidance included in document:
  - Students in grade 2 and above are required to wear a mask/face covering that covers their nose and mouth.
    - 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.
    - 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.
    - Masks/face coverings are required to be worn by everyone on the bus during school bus transportation.
  - <u>Student groups:</u> 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.
- **Source:** http://www.doe.mass.edu/covid19/

Minnesota

- School and district administrators are directed to develop three contingency plans to prepare for the 2020-21 school year using the three scenarios described below:

    - Scenario 1: In-person learning for all students. In this planning scenario, schools should create as much space between students and teachers as is feasible during the day, but will not be held strictly to enforcing 6 feet of social distancing during primary instructional time in the classroom. Activities and extracurricular programming should continue to follow the COVID-19 Prevention Guidance for Youth, Student, and Child Care Programs. This scenario may be implemented if state COVID-19 metrics continue to stabilize and/or improve. All requirements in this guidance apply to scenario 1.

    - Scenario 2: Hybrid model with strict social distancing and capacity limits. In this planning scenario, schools must limit the overall number of people in school facilities and on transportation vehicles to 50% maximum occupancy. Sufficient social distancing with at least 6 feet between people must occur at all times. If distancing cannot be achieved in a space or on a transportation vehicle, the number of occupants must be reduced. Schools must also include plans for contactless pick-up and/or delivery of meals and school materials for days that students and staff are not in the school building, as well as implementation of a school-age care program for critical workers. This scenario may be implemented if COVID-19 metrics worsen at the local, regional, or statewide level. Scenario 2 may also be implemented within a school if they experience clusters of cases within a classroom or the school. All requirements in this guidance apply to scenario 2, with additional requirements noted in the Social Distancing and Minimizing Exposure section noted for scenario 2 only.

    - Scenario 3: Distance learning only. This scenario may be implemented if local, regional, or statewide COVID-19 metrics worsen significantly enough to require the suspension of in-person learning. The requirements in this guidance regarding in-person protections would not apply to the general school community, as students and staff would be

utilizing distance learning and would not be gathering in groups on school grounds. However, schools may be open to provide emergency child care or other functions.

- Governor Walz's Office, in consultation with the Minnesota Department of Health (MDH) and Minnesota Department of Education (MDE), will determine and announce the scenario model under which schools may reopen for the 2020-21 school year based on state COVID19 metrics by the week of July 27. Future decisions to increase or loosen restrictions will be made if COVID-19 metrics at the local, regional, or state level worsen or improve. Schools may choose to implement strategies that are more restrictive than the scenario established by the state, but may not choose to implement plans for a scenario that is less restrictive.
- This guidance document is organized into sections by topic, and within each section the planning elements are further separated into required and recommended practices for each planning scenario. Required health practices must be implemented by all Minnesota public schools. These practices are foundational to minimizing the risks of exposure to COVID-19 for students, staff, and families. These practices are considered the minimum level of implementation, and schools may not be less restrictive. Recommended health practices are additional strategies that schools may choose to use to minimize the spread of COVID-19. MDH and MDE recognize there are diverse learning environments that will require teams to use thoughtful strategies when applying guidance to meet the health and safety needs of all students and staff. Not all recommended practices will be possible in all settings, and therefore should be tailored as appropriate.

- Source: https://www.health.state.mn.us/diseases/coronavirus/schools/k12planguide.pdf

Missouri, Jennings School District, Jennings, MO

- Examples of actions described in JSD Essential Actions for COVID-19 School Safety & Wellbeing
- From CDC Guidelines:
  - Minimally face covers are available for: health room staff and any person exhibiting symptoms
  - No sharing of any items or supplies, all belongings in individual cubbies, locks, labeled containers
  - No sharing of electronic devices, toys, games, learning aids
  - Desks 6 feet apart, all facing the same way in classrooms. 30 square feet space per person is our JSD goal.
  - Distance on school buses – 1 child or family per seat, skip rows and start with first student to go to last seat and the driver

  - Use plexiglass for teacher desk partitions wherever you cannot space 6ft apart
  - One-way routes in hallways; tape on sidewalks and walls to keep kids 6th apart
  - No communal shared spaces – cafeterias, playgrounds per class and with cleaning with each use
  - Physical barriers or screens between sinks in bathrooms and touchless equipment
  - Only pre-packages boxes or bags of food instead of cafeteria food; kids eat in classrooms
  - No field trips, assemblies, or external organizations in the school. Limit volunteers and visitors unless with special permission
  - Same children stay with the same staff all day, little to no switching groups or classes
  - Stagger arrival and departure times for students to limit crowds to less than 50 students at any time.
  - Clean and disinfect high-touch places throughout the day and hand washing 5 times a day

- School activity programming:
  - Start and drop off time at 7:45 am, conduct breakfast in classrooms. Have one waiting room or space for early arrivers
  - Use new online enrollment, virtual parent meetings as much as possible, or one-on-one, small-group, and outdoors meetings
  - Parents/Guardians will drop off & pick up children at the main entry
  - Staff will escort children upon pick up to wash hands and deliver the child to their assigned group and counselor for the week
  - Large group activities will not be conducted
  - Maximize activities promoting natural distancing, such as parallel play or competition; individual projects; physical activities with no shared equipment, like foot races, hiking, treasure hunts, etc.
  - Maximize outdoor activities over indoor activities
  - Field trips will not occur; camps can utilize guest speakers (who are also wellness checked) and virtual field trips
  - Follow the sports and band guidance -- NFHS Guidelines at the secondary level
  - Reinforce concepts around the hand and respiratory hygiene for both staff and children, such as covering your cough, washing your hands regularly, and keeping your hands away from your face and mouth
  - Staff should wear face coverings when distancing from children is difficult
  - Class size 20 people max per 600 sq ft room or classrooms large enough for 30 sq ft/person per room 6 feet separation. Minimize time standing
  - Separate children into smaller groups with dedicated staff

- Provide 5 opportunities every day for hand-washing/sanitizing for staff and children, including before/after meals/bathroom
- Source:

JSD_Essential Actions for COVID-19 School

New Mexico

- New Mexico will take a phased approach to reentering schools.
- Beginning August 3, all schools in the state will be able to start the school year utilizing a hybrid model of instruction.
    - Under a hybrid model, the number of students present in the building at any given time will be limited in order to ensure that six feet of social distancing can be maintained at all times.
    - Students will alternate between in-person instruction at the school building and online instruction when at home.
- The state's goal is to move all schools into a full school schedule as soon as it can be safely accomplished.
- The state will assess the impact of school reentry on the rate of spread of the virus statewide in each of the 5 regions.
- NMPED's Reentry Guidance provides considerations, recommendations, and best practices to encourage a safe and successful school year. The eight minimum requirements for reentry are:
    1. All districts and schools across the state will be able to operate strictly according to hybrid guidelines. The Department of Health and Medical Advisory Team will regularly assess rates of the spread of COVID-19. Districts and schools will then follow the appropriate guidelines based on the designated safe reentry category.
    2. Schools must participate in a surveillance and rapid response testing program for all staff.
    3. Schools must adhere to the social distancing requirements of their designated category.
    4. Schools should avoid large group gatherings.
    5. Face coverings are required for all students and staff except while eating, drinking and exercising, with limited exceptions for students or staff who have medical reasons for not being able to wear a mask or face shield.
    6. All staff must be screened on a daily basis, including a temperature check and review of potential symptoms. All sites must work with state and local health officials to have a plan for contact tracing. While not required, this is also recommended for students.
    7. For transportation, all staff and students must wear face shields or masks.
        i. In addition: A maximum of two students may sit together on a bus seat. b. Schools in the yellow category should take all reasonable steps to limit bus seats to one student to the best of their ability.
    8. Meals must be provided to students during in-person instruction and remote learning.

- Source: https://webnew.ped.state.nm.us/wp-content/uploads/2020/06/20NMPED_ReentryGuide_Hybrid.pdf

North Carolina

- Lighting our Way Forward, Guiding Principles for Reopening Schools Document outlines that *NC Public Schools will:*
    - consider the safety and wellness of students and employees, first and foremost;
    - respond to the needs of vulnerable and high needs populations;
    - be adaptable and flexible with the ability to move throughout the academic year from one Reopening Plan to another based on public health needs;
    - synergize multiple operational and academic factors to develop effective plans;
    - ensure engagement with all voices represented in the schools;
    - maintain consistent communication with students, families and employees to ensure respect and success within the evolving situation.
- Per the NC Department of Health and Human Services (NCDHHS) StrongSchoolsNC Public Health Toolkit (K-12) from June 8, 2020, all public schools are directed to have three plans in place to ensure continuity of educational services should the state's COVID-19 metrics change significantly requiring additional restrictions to control the spread of the disease. These Reopening Plans will be the foundation for a successful and agile academic school year. The three required Reopening Plans are:
    - Plan A: Minimal Social Distancing
    - Plan B: Moderate Social Distancing
    - Plan C: Remote Learning Only

COVID-19 REOPENING PLANS	School Facilities and Students	Health Precautions *	Teaching and Learning	Scheduling Options
REOPENING PLAN A ***Minimal Social Distancing***	Open All students in school at same time	Enhanced health protocols See NCDHHS requirements and recommendations	Traditional with preparation for Blended Learning	Change within day, see below
REOPENING PLAN B ***Moderate Social Distancing***	Open Limit density in facilities to no greater than 50% maximum occupancy	Enhanced health protocols See NCDHHS requirements and recommendations Increased requirements in addition to Plan A	Blended Learning for all	Multiple options, see below
REOPENING PLAN C ***Remote Learning***	Closed No students in school facilities	N/A All at home	Remote Learning for all	Full change to Remote Learning

- The document outlines considerations for
    - Reopening Plans and Scheduling
    - Student Health & Safety
    - Employee Health, Safety & Support
    - Social & Emotional Learning & Mental Health
    - Operations:
    - Facilities
    - School Nutrition
    - Transportation
    - Before and After-School Programming
    - Athletics and Extra-Curricular
    - Communicating & Combating Misinformation
    - Student Learning
    - Instructional Planning
    - Special Populations
- Sources: https://files.nc.gov/covid/documents/guidance/Strong-Schools-NC-Public-Health-Toolkit.pdf; https://covid19.ncdhhs.gov/guidance#school

Oklahoma

- Return to Learn Framework is organized into four categories essential to planning for the 2020-21 school year, with specific actions and considerations in each category. In general, the categories are intended to facilitate communication and planning to meet the challenges of the 2020-21 school year, ensuring stakeholders and school districts understand how to support operations to produce the best outcomes for all, including community health considerations and conditions for learning.
- The categories are:
    - School Operations Integrating public health strategies for the prevention of COVID-19 into schools, examples:
        - Adopt policies for screening staff, students and visitors prior to entry
        - Develop a plan in the event that a positive case, or suspected case, is identified in the school
        - Utilize RAVE Panic Button Districts should consider utilizing communication technology like the RAVE mobile safety panic button. This tool is available to every public school district in Oklahoma at no cost. RAVE provides one-touch communication within schools, between campuses, among key employees and 911 and first responders as needed.
        - Create a tiered response for potential school closures
        - Determine district use of personal protective equipment (PPE) and how to secure it
        - Evaluate school cleaning practices - work with facility maintenance and administration regarding the use of appropriate disinfectants.
    - Academics & Growth Ensuring continuity of learning
        - Prepare for distance-learning options: Districts should develop plans for delivering instruction in three ways:
            - Traditional (on-site delivery) – Districts should plan for the majority of the school year, and possibly the entire year, to be on-site, as long as public health officials deem it safe to do so and the school is prepared with appropriate health and safety measures.
            - Distance learning (done remotely but as a continuation of learning that normally would take place on-site) – Districts should have a plan to offer distance learning, which can include online learning, with required student participation for the 2020-21 school year. This learning plan should be deployed in an emergency, such as a resurgence of COVID-19 or another circumstance in which students cannot receive on-site instruction in a school building.

- Blended learning (combines both on-site and distance learning) – Districts may choose to offer educational services through a blended model that utilizes both distance learning and on-site learning for at least a portion of the 2020-21 school year. A blended model may better accommodate social distancing by partially reopening school buildings to provide educational services

    - Consider staggering the days students are in school buildings When using the blended model, districts may consider staggering student attendance in buildings.
    - Consider serving school meals in classrooms rather than cafeterias
    - Consider how to serve meals to students who are not attending school on-site

- Whole Child & Family Supports Supporting the whole child, including social and emotional wellness

    - Plan to support social-emotional learning (SEL) School districts can instill protective factors in their students and subsequently strengthen student mental health and overall functioning by developing a plan to support social-emotional learning. The COVID-19 pandemic has affected the well-being of students and their families, teachers and school staff.
    - Establish ongoing reporting protocols and provide ongoing counseling as needed. Each site within a district should consider forming a mental health intervention team (MHIT) of certified teachers, certified school counselors, licensed mental health professionals and school administrators

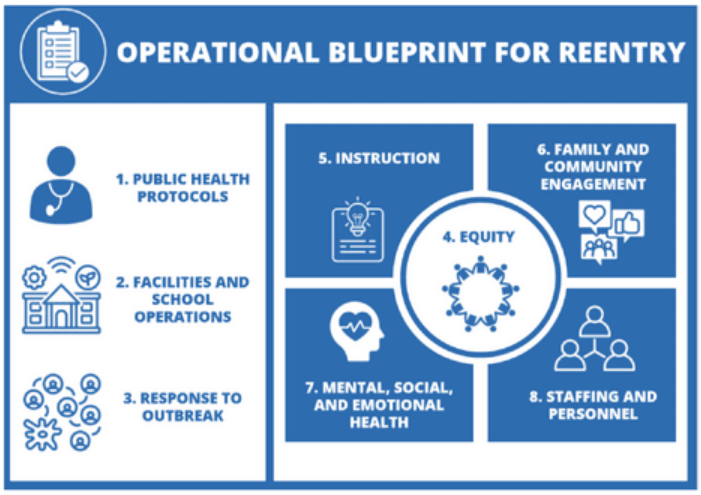
- School Personnel Supports for school personnel as they navigate new and emerging challenges:

    - Plan for employees who may be exposed or test positive for coronavirus Employees who test positive for the virus or have a member of their household test positive for the virus will be required to be isolated and prohibited from returning to school until meeting CDC requirements for being around others.

- Source: https://sde.ok.gov/sites/default/files/Return%20to%20Learn%20Oklahoma.pdf

Oregon

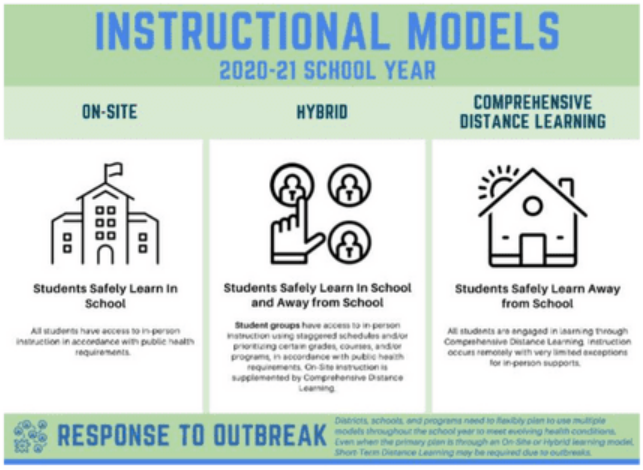
- READY SCHOOLS, SAFE LEARNERS GUIDANCE FOR SCHOOL YEAR 2020-21 provides statewide guidance for each school to independently plan for the 2020-21 school year. These individual plans will necessarily look different from community to community.
- For the 2020-21 school year, each public school will work under the direction of the school district to develop an Operational Blueprint for Reentry that is tailored to the local context and informed by local needs. Sample Blueprints are available in the document.
- By August 15, 2020 or prior to the beginning of the 2020-21 school year, whichever is earlier, every school must consult relevant stakeholders and assemble a planning team to complete an Operational Blueprint for Reentry. The final plan must be posted on school and district websites, and submitted to the Oregon Department of Education (ODE).
- Public charter schools must make their Operational Blueprint for Reentry available to the community on the school's website and the sponsoring district's website, the plan must be reviewed by the school's board, submitted to the school's sponsoring district, and submitted to ODE.



- Requirements and recommendations for inclusion in blueprints are described in the guidance. Requirements include:
    - Designate a person at each school to establish, implement and enforce physical distancing requirements, consistent with this guidance and other guidance from OHA.
    - Create a system for maintaining daily logs for each student/cohort for the purposes of contact tracing. This system needs to be made in consultation with a school/district nurse or an LPHA official
    - Establish a minimum of 35 square feet per person when determining room capacity. Calculate only with usable classroom space, understanding that desks and room set-up will require use of all space in the calculation.
    - Support physical distancing in all daily activities and instruction, striving to maintain at least six feet between individuals.
    - Develop a letter or communication to staff to be shared at the start of on-site instruction and at periodic intervals explaining infection control measures that are being implemented to prevent spread of disease
    - Screen all students and staff for symptoms on entry to bus/school every day. This can be done visually and/or with confirmation from a parent/caregiver/guardian.
    - Required Handwashing: All people on campus should be advised and encouraged to wash their hands frequently.
    - Events: Cancel, modify, or postpone field trips, assemblies, athletic events, practices, special performances, school-wide parent meetings and other large gatherings to meet requirements for physical distancing.
    - Seating: Rearrange student desks and other seat spaces to at least six feet apart; assign seating so students are in the same seat at all times
    - Clean, sanitize, and disinfect frequently touched surfaces (e.g., playground equipment, door handles, sink handles, drinking fountains, transport vehicles) and shared objects (e.g., toys, games, art supplies) between uses multiple times per day.

Maintain clean and disinfected (CDC guidance) environments, including classrooms, cafeteria settings, restrooms, and playgrounds.

- Review and apply school's equity stance, principles, and/or commitment.
- Instructional Model Selection: Districts will select an instructional model or models based on multiple factors including but not limited to: local COVID-19 status, school facility capacity, staffing capacity, operational capacity, needs of high- risk students and staff, available space, student enrollment, budget, technology capabilities, and input from staff, students, family, and community members.



- Source: https://www.oregon.gov/ode/students-and-family/healthsafety/documents/ready%20schools%20safe%20learners%202020-21%20guidance.pdf

Private School: La Salle Academy, Providence, RI

- La Salle Academy currently has three committees researching, discussing, and planning in the areas of Physical Distancing for Health & Safety, Curriculum, and the School Schedule. The goal will be to have each of these committees report out their findings and recommendations specific to our school, in order to further develop a plan for reopening in August.
- Based upon the health and safety mandates put out by the CDC, La Salle Academy has retained the services of the local architectural firm, to do a spatial analysis of our school buildings in order to ascertain the number of students who can safely be in the school buildings at any one time.
- We will be assessing class and group size limits; classroom layouts; cleaning protocols; face coverings; screening students and staff; school schedules; visitors; busing and transportation; and responding to staff or students who are sick. The guidance outlines policies required to safely reopen, as well as recommendations for implementation in each school.

Private School: Tilton School, Private, coeducational, secondary boarding and day school, Tilton, NH

- Tilton School is adjusting school operations in a way that promotes social distance, maintains frequent health screenings, and facilitates contact tracing, quarantine, and isolation/treatment that any such illness would require, all in accordance with CDC guidance.

- Basic introduction to the shape of the 2020-2021 school year:
    - Health Screenings: We plan on daily health screenings for all students, each morning as they exit dorms or arrive on campus. School employees will also be screened daily.
    - Housing: Seniors and postgraduates will be housed as usual, mostly in suites of double rooms, with four students sharing a bathroom. Other students will be placed in singles, sharing a bathroom on the hall. Some students in Moore may share double rooms. We may not be able to offer rooms to day students this year, but we will provide other spaces on campus dedicated to their use—and we hope to have space available for day student overnights during inclement weather.
    - Daily Schedule: We are planning an academic schedule with fewer, longer periods per day, five days per week, and smaller class sizes. Mealtimes will be extended to facilitate social distancing. Some events, like school meeting, might be conducted virtually. Formal dinners will be suspended.
    - Face Coverings: Face coverings or masks are proving to help slow the spread of the virus, and they are required in many communities. At Tilton School this fall, there may be “masks required” events, times, and spaces, but we do not expect to require masks at all times. Students should plan to bring several reusable cloth masks with them in the fall, and families should plan to wear masks during any visits to campus.

TENNESSEE

- The TN Department of Education published an overview guide for reopening schools, intended to address questions and provide considerations for local districts (published on 6/5/2020, updated on 6/8/2020).

- **Four options (or models) are provided with** detailed descriptions, strengths, challenges, and considerations related to health and wellness, academics, staff, flexibilities, and operations
    - **CATEGORY 1: All students physically in school buildings**
        - **Traditional Return:** The district begins the year with traditional return and in-person classes, but also has plans in place in case of a need to quickly transition into a different model (provides options for a staggered return, staggered schedules, and operating schools year-round).
        - **Staggered Return:** The district welcomes students back in a staggered format, to allow for gradual reopening until full capacity is realized. This model would allow for schools to reopen while still providing more time and flexibility to address necessary professional learning needs, technology updates, and supports for the most at-risk or trauma-affected students. This could be used in conjunction with a welcome back protocol that seeks to understand students' academic and physical/mental health needs.
        - **Staggered Schedules:** The district creates staggered times in which students attend school as a way to minimize congestion. For example, school may run from 7:00am – 2:00pm for Group A and 10:00am – 5:00pm for Group B (teachers and students in assigned groups). This would allow for more spread for activities like recesses, lunch, etc. It will require schools and districts to convert their instruction and resources to be delivered in multiple modalities.
        - **Year-round:** Regardless of the reopening model selected, districts could consider planning to operate schools year-round. This might look like four tracks of students where one track is constantly "off," thereby reducing congestion by 25% inside of school buildings and allowing for the space to do social distancing without the need to repurpose common or shared spaces.
    - **CATEGORY 2: All students participate in virtual and distance education**
        - **Fulltime Distance Education:** Including suggestions for enrolling students full-time, either through an existing platform provided by the district or school or in a virtual school. As a note, full sets of instructional materials, with videos and assessments will be provided at no cost to all districts in Tennessee in order to provide an option for distance education, should it be needed.
        - **Self-Paced or Semi-Independent:** This category also includes suggestions for enrolling students in a self-paced program of study, either through an existing platform adopted by local districts and schools or through recommended programs. This may also include packet-based instruction with virtual teacher support. If a district is interested, this option is best suited for schools that already use some version of self-paced instruction.
    - **CATEGORY 3: Some students in physical buildings and some students virtual**

        - **Split days:** Students attend half days at school and half days virtually.
        - **Alternating days:** Students attend alternating days of instruction, typically on a 2-week cycle. For example, a student may be in school Monday, Wednesday, and Friday on Week A and then Tuesday and Thursday on Week B.
        - **Physical attendance based on need:** Schools allow for some students to be physically in school while others attend school virtually. Distance instruction can occur in synchronous format (livestream the class), through recordings, or similar.

    - **CATEGORY 4: Cyclical or intermittent physical and virtual education**
        - **Staff and Family Choice:** Some districts may opt for families and staff members to select the form of education that they would like to use. This would mean that students may select to learn from home (while still being enrolled in the district). Similarly, teachers who are unable to return to work may be those teachers who also participate in distance instruction.
        - **Emergency or Responsive Situations Only (ex. Virus Resurgence):** This is a contingency plan that would be immediately implemented by districts and schools based on the community, regional or state resurgence of the virus. This would need to be a plan that can be immediately implemented and should be clearly articulated through district continuity of instruction plans.

- The Tennessee Department of Education (TDOE) is also producing a series of **toolkits for school reopening.** These toolkits will encompass the details and planning guidance (specific sample procedures and actions) referenced through the framing in this guide.

- TN DOE engaged in conversations and solicited feedback (including public feedback, individual meetings and conversations, and a needs assessment) to develop the guide, implementation guidance, and sample procedures and actions.

- Specific themes that emerged from this needs assessment in each bucket:
    - **Academics**: The state and/or individual districts may need to close schools again or implement social distancing procedures that adjust the way schools are run. This will impact the ways in which schools are able to deliver high-quality academic programs for all students.
    - **Whole Child:** Students and families may have additional non-academic needs as a result of the pandemic. We must also focus on equipping educators to help them address

non-academic needs. All of these areas should be attended to, especially as schools reopen.

- **Educators:** Teachers are working hard and need support to reach all students. This is especially true for our most vulnerable students and those attending lower-performing schools. We must empower our educators to teach in varied settings and spaces so that all children can be reached.
- **Systems:** Local districts will need to adjust budgets to accommodate surplus and deficit line items but may still have local expenses that exceed budget forecasts.

- Districts should review and consider a series of frameworks that ask important, but broad questions:

  - How do you address reopening schools within public health and education recommendations and guidelines?
  - How do you plan for a resurgence? What will your plan be when a parent is diagnosed with COVID-19? A student? A teacher? More than one individual in the school?
  - How do you think about compensatory education if a school or classroom needs to close or for students who must stay home due to underlying medical conditions or infection and exposure?
  - How will you communicate your plans and decisions?

- The document provides vocabulary and explains potentially new terms (e.g., asynchronous learning, blended learning, distance learning, resurgence, staged reopening), and outlines continuing and new responsibilities or experiences of various teams, individuals and stakeholders within the school system.

- The document also outlines the planning that will need to take place in order for schools to reopen in a way that is safe for stakeholders, and that maximizes student learning, along with specific steps/ actions that LEAs can take before the start of the year and/or before the start of summer professional development:
    - Table-top exercises
    - Surveys to gather information about “intent to return” from families
    - Identification and modification of operational needs of schools
    - Identification of data points tied to reopening to effectively measure goals or targets that a local system has put in place (this may include targets related to health, student achievement, and/or operational capacity, amongst others)

- All districts are encouraged to conduct feasibility studies related to the district infrastructure, supply chain of needed materials (including adequate supplies of disinfecting and personal hygiene materials and PPE), budget implications, staffing models, and behavioral feasibility for any strategies in place (including families, staff, and students).

- A framework is provided that can be used to assesses virus spread within a community against the readiness and preparedness of the system to address subsequent needs and assist with decision-making at the local level.

Sample Framework: Decision-Making Starting-Point

Low	School should not consider reopening without prior planning.	**3** Blended learning may be necessary, but majority of delivery in person with full implementation of policies and procedures to prevent, identify and mitigate the spread of COVID-19.	**4** Schools may be fully operational with compliance with established policies and procedures to prevent, identify and mitigate the spread of COVID-19.
Virus Spread	School should not consider reopening without prior planning to prevent, identify and mitigate the spread of COVID-19.	**2** Blended learning, partial days or other mixed models with full implementation of policies and procedures to prevent, identify and mitigate the spread of COVID-19.	Blended learning, partial days or other mixed models with full compliance with established policies and procedures to prevent, identify and mitigate the spread of COVID-19.
High	**1** School should not consider reopening without prior planning to prevent, identify and mitigate the spread of COVID-19	School or district-level closures with transfer to fully virtual learning.	Blended learning, partial days or other mixed models with full compliance with established policies and procedures to prevent, identify and mitigate the spread of COVID-19. School or district-level closures may be required.
	Public School Systems Readiness		
	Low		**High**

**Low virus spread is defined as no reported increases in the number of cases over the last 14 days. High virus spread is defined as high levels of community transition, including outbreaks or increases in cases.*

Examples of Institutions of Higher Education (IHEs) Reopening and Mitigation Plans for 2020

Summary:

Several IHEs have posted reopening and mitigation plans on the web in a variety of formats, but similarities include: plans for hybrid course instruction (in-person and online); reduced class and event sizes; encouragement or requirement of the use of cloth face coverings; increased cleaning and disinfection; modifications of flow of foot traffic to encourage social distancing; testing and contact tracing programs. Many schools will modify their schedules to hold classes through fall holidays and end in-person classes by Thanksgiving.

Historically Black Colleges and Universities (HBCUs)

Hampton University, Hampton, VA

- Population (2019):
  - Total Students: 4,293
    - Undergraduate: 3,714
    - Graduate and Professional: 579
  - Enrollment by Race/Ethnicity
    - American Indian/Alaskan Native 0.32%
    - Asian 0.41%
    - Black 92.33%
    - Hispanic/Latino 1.51%
    - Pacific Islander 0.11%
    - White 2.51%
- The Fall 2020 Reopening Plan addresses the following key areas:
  - Repopulation of the campus;
  - Diagnostic testing to detect and prevent the spread of COVID-19; regular and ongoing reporting and monitoring of health conditions;
  - Separation of individuals who test positive or exhibit symptoms of COVID-19;
  - Standardized contact tracing protocols;
  - Hybrid course instruction—online, remote and modified in-person (classroom);
  - A "new normal" for sporting and large-scale events;
  - Non-traditional food service delivery.
- Community mitigation strategies will remain important and will be based on updated guidelines in response to this fluid situation. The following precautions will be implemented this Fall:
  - In-person class sizes will be reduced to 50% capacity;
  - Occupancy guidelines will be posted for meeting and conference workspaces;
  - CDC recommended six-feet of distance between individuals will be enforced;
  - Large in-person gatherings will be limited to 50% capacity;
  - On-campus housing will be assigned at reduced capacity;
  - Communal spaces will be limited by capacity guidelines;
  - Face coverings will be worn by all students, faculty, staff and visitors.

- Source: http://docs.hamptonu.edu/student/pirate_on_course_fall_2020_reopening_plan_20200617182058.pdf

Lincoln University, Pennsylvania

- Population (2019)
  - Total students: 2241
    - Undergraduate: 2040
    - Graduate: 201
  - Enrollment by Race/Ethnicity
    - Hispanic/Latino 4.4%
    - American Indian or Alaska Native 0.1%
    - Asian 0%
    - Black or African American 85.0%
    - White 0.7%
    - Two or more races 2.9%
    - Race and ethnicity unknown 4.1%
- Below are considerations regarding the safety and privacy of the LU community:
  - Employees are encouraged to wear their own cloth face covering or mask when they arrive on campus each day. A cloth face covering will be provided at the main security gate if an employee or visitor is not in possession of one at the point of entry.
  - The EEOC authorized employers to take employees' temperatures to try and ward off the spread of the coronavirus. All authorized non-medical LU staff conducting temperature screenings will be trained in advance, use non-touch digital thermometer devices, adhere to confidentiality considerations and be required to wear personal protective equipment to help keep our workplace safe. According to the EEOC, employers are not required to satisfy a religious accommodation request from an employee who does not want to have their temperature taken because COVID-19 represents a direct threat to workplace safety. In order to ensure compliance with privacy laws, records of temperature screenings or symptom assessments will not be maintained by departments.
  - Departments may note that a staff member was not at work on a given day(s) because they were on a leave of absence for monodisciplinary reasons. Anyone with symptoms must self-isolate until the testing results are confirmed.
    - If the test results are negative, you may return to campus after providing HR with a copy of the negative test report.
    - Permitted by the ADA, the Office of Human Resources will require a note from a doctor or local clinic certifying an employee's fitness for duty when the employee is released to return to the workplace after self-isolation related to COVID-19 concerns.
- Source: https://www.lincoln.edu/sites/default/files/pdf/hr/return-to-campus.pdf

Community Colleges:

Arizona Western College (HLCU), Yuma, Arizona

- Population (2019)
  - Total Students: 11,000+
  - Enrollment by Race/Ethnicity
    - 74% Hispanic
    - 14% White
    - 3% Unknown
    - 3% Black
    - 2% Two or more races
    - 1% American Indian/Alaska Native
    - 1% Asian
    - 0% Native Hawaiian/Pacific Islander
- In order to safely resume college operations for the Fall semester, the college is creating a phased plan, dependent on national, regional and local health officials. The plan will evolve over the next several weeks as departments organize team schedules, plans for physical distancing, and workload.
- These plans will serve two overarching goals: keeping people safe, and helping our students reach their educational goals and be supported by four concepts:
  - Administrative and Engineering solutions to keep people safe
    - This includes limited class sizes, limited group meetings, sneeze shields, distancing
  - Required face coverings or face masks for all faculty, staff, students. This is not optional.
    - Masks are not required when you are in an office by yourself, or walking across campus by yourself.
  - Reducing population density on campuses
    - One plan is 4 Days Here / 10 Days Remote. This is optional per department leadership, as a method to reduce the number of people on campus, and create opportunities to isolate.
    - Establishing a Car-to-Classroom plan for students for Fall 2020 – no events, no gather, no hanging out in Game Room, student lounges or other gathering spaces.
  - Heavy reliance on Remote Services
    - Virtually all departments will continue to offer virtual services to students, colleagues and the community throughout the fall semester and beyond.
    - Employees are expected to host as many meetings as possible via
- Source: https://www.azwestern.edu/COVID

Community College of Baltimore County, Baltimore, MD

- Population (2019)
  - Total Students: 59,145
  - Enrollment by Race/Ethnicity
    - Multi-Racial: 2%
    - Asian: 6%
    - Hispanic or Latino: 6%
    - Unknown: 9%
    - African-American/Black: 34%
    - White: 45%
- Community College of Baltimore County has a three-phased reopening approach. Phase 2b: Begins August 1 and includes: Face-to-face classes will be offered, but with the appropriate social distancing restrictions. Most on-campus services will be available.
- Additional information posted on website:
  - Social Distancing and PPE: Social distancing is one of the best tools we have to keep safe. Coupled with the smart use of personal protective equipment (PPE), it's the best way to limit the spread of the virus. We're providing PPE and putting new foot traffic patterns and other measures in place to keep you safe in instructional spaces, common areas and elsewhere on campus.
  - Building entrances and exteriors: Building exterior doors are designated as ENTRANCE ONLY, EXIT ONLY, or available only as a FIRE EXIT.
  - Interior doors, stairwells, hallways and elevators:
    - Where feasible, interior doors are propped open to minimize touch points. Internal stairwells are designated as either UP stairwells or DOWN stairwells.
    - Floor markings are installed to facilitate social distancing. Wide hallways will be TWO WAY. More narrow hallways are designated as ONE WAY.
    - Elevators have a maximum occupancy of two persons.
  - Hygiene, Cleaning, and Disinfecting
    - CCBC Building Services staff have deep cleaned all lavatories, offices, classrooms, labs, locker rooms and other common spaces using a hospital-grade disinfectant and HEPA-filtered vacuum cleaners.
    - Custodians have been trained in CDC sanitizing protocol and continue to clean and disinfect areas throughout the day. This includes sanitizing touch points such as light switches, phones, door handles, railings, etc. Some restrooms have been taken out of service to minimize the number of facilities that need to be cleaned multiple times throughout the day.
    - The college is providing disposable wipes for students and employees to sanitize their work areas. All individuals are encouraged to wash their hands frequently, and make use of hand sanitizer dispensers located throughout all buildings on campus.
- Source: https://www.ccbcmd.edu/About-CCBC/Policies-and-Procedures/Coronavirus/phased-return.aspx

Clark State Community College, Springfield, OH

- Population (2019)
  - Total Students: 5,669
  - Enrollment by Race/Ethnicity
    - Native American 0.12%
    - Asian 1.13%
    - African American 15.88%
    - Hispanic 0.65%
    - Caucasian 74.93%
    - Other 7.29%
- CSCC has started providing guidance for students and staff for the fall.
- The plan includes guidance on classrooms and cafeterias, which state:
  - Classrooms, labs and common areas have been reformatted to take physical distancing requirements into consideration.
  - The cafeteria on the Leffel Lane campus is not yet open. When it does re-open, and in other food vending areas that are now available, tables, chairs and booths will be arranged to maintain social distancing between parties.
  - Waiting-areas and the flow of customers through the service area will be arranged to ensure social distancing. Hand sanitizers will be available in food service areas.
- Source: https://www.clarkstate.edu/about-us/coronavirus-covid-19-information/return-to-campus-guide/return-to-campus-timelines/

Private Institutions:

Emory University, Atlanta, GA

- Population (2019)
  - Total Students: 15,451
    - Undergraduate: 8,079
    - Graduate and Professional: 7,372
  - Undergraduate Enrollment by Race/Ethnicity
    - Caucasian/White 30.1%
    - Asian/Asian American 24.0%
    - African American/Black 13.7%
    - Hispanic/Latinx 12.8%
    - Native American 0.6%
    - Did Not Identify 5.9%
- Key decisions for the fall semester include:
  - Faculty, staff and students will have options for returning to campus or interacting remotely.
  - Both online and in-person classes will be offered to help meet student needs.
  - Classes will begin Aug. 19 and end by Thanksgiving, with final exams conducted remotely. Classes will be held through the Labor Day holiday and fall break. Graduate and professional schools may amend this schedule slightly to meet curricular needs.
  - COVID-19 testing will be mandatory for all students living in residence halls, along with those taking in-person classes, upon or shortly before returning to campus, and will be available at any time during the semester for those who are symptomatic and for their close contacts. Faculty and staff will have access to testing on demand.
  - Campus residence halls will reopen, with no more than two students per room.
  - Enhanced cleaning protocols will be in employed for residential, classroom and common spaces.
- Source: http://news.emory.edu/stories/2020/06/er_fall_semester_plans/campus.html?utm_source=ebulletin&utm_medium=email&utm_campaign=Emory_Report_EB_110620

Vanderbilt University, Nashville, TN

- Population (2019)
  - Total Students: 13,131
    - Undergraduate: 6,886
    - Graduate and Professional: 6,245
  - Enrollment by Race/Ethnicity
    - White: 41.5%
    - Asian/Pacific Islander: 15.3%
    - Black: 11.7%
    - Hispanic: 9.7%
    - Two or more races: 5.0%
    - Race unknown: 4.5%

        - American Indian: 0.4%
- VU student will return to campus June 26, 2020.
- To reduce population density in our dining halls, we will expand opportunities for mobile ordering through Campus Dining and are creating more opportunities for grab-and-go options. We also are modifying circulation and adding contactless "tap" checkouts to promote health and safety in dining halls.
- Public health protocols, including symptom monitoring and temperature checks, mandatory face masks/coverings, public hand-sanitizer stations and physical distancing, will be in place. We will ask all students who return to campus to sign an acknowledgment of such protocols.
- The university is also taking actions, such as enhanced cleaning protocols, changes to foot-traffic flow through buildings and on campus pathways, and much more, to ensure all campus spaces and buildings support the health and safety of our students, staff and faculty
- Source: https://www.vanderbilt.edu/coronavirus/2020/06/16/june-16-2020-our-plan-for-the-fall-semester/

John Hopkins University, Baltimore, MD

- Population (2019)
    - Total Students: 27,000+
        - Undergraduate: 5773
    - Undergraduate Enrollment by Race/Ethnicity
        - American Indian/Alaskan Native: 3%
        - Asian/Pacific Islander: 31%
        - Black: 13%
        - Latinx/Hispanic: 16%
        - Unknown: 2%
        - White/non-Hispanic: 21%
- The university is open and operating with measures in place to protect the health of our essential workers and the community as well as ensure compliance with state and local mandates related to COVID-19, including remote and online learning in lieu of in-person instruction and telework for the majority of our employees. Classes will continue remotely.
- Source: https://hub.jhu.edu/novel-coronavirus-information/frequently-asked-questions/

Yale University, New Haven, CT

- Population (2019)
    - Total Students: 13,433
        - Undergraduate: 5,964
        - Graduate and Professional: 7,469
    - Enrollment by Race/Ethnicity
        - American Indian or Alaska Native 0.3%
        - Asian 14.7%
        - Black or African-American 5.8%
        - Hispanic of any race 9.8%
        - Native Hawaiian or other Pacific Islander 0.1%

        - White 42.7%
        - Race/ethnicity unknown 1.0%
- Yale University has listed guidance regarding:
    - Reactivating on-campus research,
    - Canceling in-person summer programs,
    - Limiting size of Yale-hosted meetings and events,
    - Domestic and international travel guidance
    - Postponing visits to campus
    - Donating personal protective equipment to the Yale New Haven Health System and other healthcare organization
    - Self-monitoring daily, and staying home if you are unwell.
- Source: https://covid19.yale.edu/

Southern Methodist University, Dallas, TX

- Population (2018)
    - Total Students: 11,649
        - Undergraduate: 6,479
        - Graduate: 5,170
    - Enrollment by Race/Ethnicity
        - Hispanic – 11.6%
        - Asian – 6.8%
        - Black/African American – 6.2%
        - American Indian/Alaska Native – .3%
        - Native Hawaiian/Pacific Islander – .1%
        - Two or more races – 3.4%
- Developed a plan that includes: Enhanced cleaning protocols, physical distancing, temperature screening, self- screening, etc.
- FAQs are listed on website for students, faculty, staff, and others
- Content from some of FAQs:
    - SMU is now requiring that *everyone* on the SMU campus wear a face covering over the mouth and nose in all public indoor spaces at least through Aug. 4. This requirement—in accordance with the latest Dallas County ordinance—includes classrooms; building entrances and exits; lobbies and lounges; as well as in hallways, stairwells, restrooms and elevators and also extends to SMU's Meadows Museum – both for staff and visitors.
    - The COVID-19 website will be updated as positive cases are identified. Additionally, anyone can sign up to receive alerts when the site is updated by sending an email to subscribe-covidcasenotifications@list.smu.edu.
    - SMU is revising our semester schedule to reduce the number of students returning to campus after holiday travel and lessen the chance of contagion.
    - Fall classes will start on campus Monday, August 24, as originally scheduled.
    - However, we will not break for the September 7 Labor Day holiday and October 12-13 Fall Break; they will be in-class instruction days.

- This change allows students to complete their on-campus studies and leave campus housing prior to the Thanksgiving holiday. Classes will shift to online-only for the remaining class days after Thanksgiving, and all final exams for the fall 2020 semester will be administered online.
- All employees returning to work completed a "COVID-19 Return-to-Work Training" before returning to campus.

- Source: https://blog.smu.edu/coronavirus-covid-19/2020/06/26/facilities-communication-plan-and-custodial-response-guide/

College of the Holy Cross, Worcester, Massachusetts

- Population (2019)
  - Total Students: 3,142
    - Undergraduate: 3,0142
    - Graduate: 0
  - Undergraduate Enrollment by Race/Ethnicity
    - African American 4.45%
    - Asian American 4.76%
    - Hispanic/Latino 10.2%
    - Native American/Alaskan Native 0.0701%
    - Native Hawaiian/Pacific Islander 0.0701%
    - White 70.5%
    - Multiple Races 3.64%

College of the Holy Cross: intention is to return students to campus for the Fall semester in early July for all students who are able to return.

All persons on campus will be required to adhere to a number of measures to comply with public health guidelines. These include, but are not limited to, wearing masks in public, maintaining six feet of distance, following all directives regarding use of elevators and other spaces on campus, and limiting the size of gatherings. In addition all persons on campus will be required to submit to the COVID-19 testing, tracing and quarantine protocols that will be established by the College.

Students who are not be able or do not wish to return to campus in the fall will have the opportunity to advance their academic program remotely (in-person, hybrid or fully online).

Limiting occupancy to two persons per room in residence halls and establishing isolation and quarantine spaces for students.

The Board of Trustees endorsed a corresponding budget plan, including an estimated $10-$12 million for additional cleaning, student housing, space modifications including classroom technology to facilitate hybrid and online learning, and to cover the costs of the required COVID-19 monitoring, testing, tracing and providing quarantine/isolation spaces and caring for students who may need to use those spaces

Public Institutions

Purdue University, West Lafayette, Indiana

- Population (2019)
  - Total Students: 44,551
    - Undergraduate: 33,672
    - Graduate: 9,963
  - Undergraduate Enrollment by Race/Ethnicity
    - African American 3.0%
    - Asian American 8.0%
    - Hispanic/Latino 5.0%
    - Native American/Alaskan Native 0%
    - Native Hawaiian/Pacific Islander 0%
    - White 58.0%
    - Multiple Races 3.0%
    - International 19%
    - Unknown/Undeclared 2.0%

The **Safe Campus Task Force** was established in March 2020 by President Daniels to provide a series of recommendations for the potential return of students to campus in August

The **Protect Purdue Implementation Team** is working to develop the policies, procedures, guidelines, strategies and tactics that will enable the University to further its discovery and learning missions in the safest possible ways during the COVID-19 pandemic. These seven individuals lead subcommittees that are comprised of or engaged with dozens of faculty, staff, students and outside experts.

Students will have the option to pick whether they would like to attend Purdue on-campus or through a fully online option for Fall 2020.

All students, faculty, and staff who return to campus will participate in training exercises to learn the required safety practices and navigate the new normal on campus.

Students, faculty, and staff will be required to receive the flu vaccination in the fall, subject to established exceptions.

Protocols include wearing a face mask in most indoor settings, and outdoors if social distancing cannot be maintained; new building signage and other measures to promote social distancing; and robust personal hygiene.

Students with health conditions that place them at greater vulnerability to severe illness due to COVID-19 will be offered living accommodations that reduce their risk of contracting the disease. Classrooms, living spaces, dining halls and libraries will be de-densified to allow for safe social distancing, with an enhanced commitment to the health and safety of our campus community, and student occupant capacities in all classrooms will be reduced by approximately 50%.

Purdue is creating internal capabilities to rapidly assess, sample and test any student, faculty or staff member reporting COVID-19 symptoms, along with the ability to test those identified through clinically relevant contact tracing (symptomatic and asymptomatic). Testing protocols may also include the proactive testing of roommates, screening of athletic teams, closely monitoring selected sites and surveillance testing throughout the semester.

All students who test positive for COVID-19, whether or not they show symptoms, will be required to quarantine; Purdue has set aside approximately 400 beds for isolation and quarantine, with contingency plans in place should more space be needed.

Customary fall and holiday breaks will be eliminated to allow on-campus instruction to conclude by Thanksgiving.

Source: https://protect.purdue.edu/app/uploads/2020/06/protect-purdue-plan-20200612.pdf

Pennsylvania State University, State College, Pennsylvania

- Population (2019)
    - Total Students: 96,408
        - Undergraduate: 81,080
        - Graduate: 15,328
    - Undergraduate Enrollment by Race/Ethnicity
        - African American 5.65%
        - Asian American 6.12%
        - Hispanic/Latino 7.31%
        - Native American/Alaskan Native 0.14%
        - Native Hawaiian/Pacific Islander 0.12%
        - White 65.60%
        - Multiple Races 3.36%
        - Unknown/Undeclared 2.36%
- More than 250 faculty, staff and administrators comprised 16 task groups appointed to develop Penn State's *Back to State* plans, guided by faculty scientific and public health experts.
- To help limit prolonged person-to-person contact, the fall semester will begin as originally scheduled on Monday, Aug. 24, but campus-based, residential instruction will end Friday, Nov. 20, with the remainder of the semester — including final examinations — being delivered remotely and online when classes resume after Thanksgiving break on Nov. 30. Some units, such as Dickinson Law and Penn State Law, have different start dates and will also begin as originally scheduled.
- To minimize travel and lower the risk of possibly spreading coronavirus on campuses, classes will be held on Labor Day (Sept. 7).
- The semester will end following finals on Dec. 18, as originally planned. In a phased approach, the University will begin to bring certain employees back to campus this summer to prepare campuses for the return of students in the fall., this fall, no residence hall room or space may be occupied by more than two residents.
- A robust testing and contact-tracing program will test symptomatic individuals and conduct asymptomatic testing on individuals who are identified in the contact-tracing process. Penn State will hire additional staff to serve as contact tracers as needed to support all campuses and plans to enhance access to early health-care consultation and treatment.
- Source: https://news.psu.edu/story/623188/2020/06/14/academics/penn-state-plans-resume-campus-work-and-learning-fall-semester

Temple University, Philadelphia, PA

- Population (2019)

    - Total Students: 37,914
        - Undergraduate: 28,420
        - Graduate: 9,494
    - Enrollment by Race/Ethnicity
        - American Indian/Alaska Native .08%
        - Asian 12%
        - African American 12%
        - Hispanic/Latino 7%
        - Pacific Islander .07%
        - Two or More Races 3.5%
        - White, non-Hispanic 53.4%
        - Unknown 4.2%
- Developed a comprehensive plan that includes four public health pillars: Face Coverings, Physical Distancing, Hand Hygiene, and Health Monitoring.
    - Use a face covering: Face coverings, which may be homemade or commercially available, must be worn while on campus in building entrances, lobbies, hallways, classrooms, common areas, and in any and all locations where physical distancing of six feet cannot be maintained. You are permitted to bring your own face covering. Departments will make face coverings available to employees and there will be distribution points for students who come to campus without one. Outdoors, face coverings should be worn in any location where physical distancing cannot be maintained.
    - Practice physical distancing: Keep a minimum of six feet apart, or two arm's 1 lengths, from others at all times to minimize the chance of breathing droplets from an infected individual.
    - Practice hand hygiene: Wash hands at least hourly with soap and warm water for at least 20 to 30 seconds. In between hand washings, use hand sanitizer. Dispensers are available throughout campus in common areas, lobbies and on each floor of campus buildings. The whole community must take care to avoid handshakes, touching one's face and touching common surfaces as much as possible.
    - Monitor your health: It is imperative that each member of the Temple community and guests and visitors gain an understanding of their own health as well as the signs and symptoms of COVID-19 disease. Check your temperature before reporting to university spaces every day. If you are an employee and have a temperature of 100.4 or greater, or any other symptoms of COVID-19, please report this to your supervisor and do not report to work. If you are a student, contact Student Health Services for an assessment and do not report to class or any other activities.
- Student and Employee Health Services is creating a new COVID-19 Testing and Treatment facility that is separate from normal Health Services operations.
- Because of its critical value as a containment measure, Temple is partnering with PDPH to develop an internal Contact Tracing Unit.
- Source: https://www.temple.edu/sites/www/files/health-safety-plan.pdf

University of Kentucky, Lexington, KY

- Population (2019)
    - Total Students: 30,545
        - Undergraduate: 22,276

        - Graduate/Other: 8,269
    - Enrollment by Race/Ethnicity
        - American Indian/Alaskan Native .2%
        - Asian 3.6%
        - Black or African American 6.5%
        - Hispanic or Latino 4.8%
        - Native Hawaiian/Other Pacific Islander .1%
        - Race and Ethnicity Unknown 3.4%
        - Two or More Races 3.4%
        - White 73.1%
- Specific guidance has been developed in the following areas: University Response and Operations; Campus Restart; Employee and Human Resources Information; International Students, Scholars, and Visitor Information; International Travel and Education Abroad; and Events and Athletics.
- Detailed FAQs have been posted for students and staff, examples of answers:
    - All summer 2020 courses were moved to online or remote learning formats.
    - Temporary remote work is appropriate for many units or positions, but not all. We are strongly encouraging college and division leaders to be flexible with employees, understanding that the work of the institution must still be done, but that we must protect the health, safety and well-being of everyone who works in our special community.
    - All UK HealthCare hospitals and clinics have protocols and systems in place to keep patients, visitors and health care workers safe. You should not avoid seeking care out of concerns over the coronavirus (COVID-19). If you are experiencing flu-like symptoms, call your health care provider first so they can advise you.
- Source: https://www.uky.edu/coronavirus/faqs

Florida International University, Miami, FL

- Population (2018)
    - Total Students: 57,942
        - Undergraduate: 48,818
        - Graduate: 9,124
    - Undergraduate Enrollment by Race/Ethnicity
        - American Indian/Alaska Native 0%
        - Asian 2%
        - Black or African American 12%
        - Hispanic/Latino 67%
        - Native Hawaiian or other 0%
        - White 8%
        - Two or more races 2%
        - Unknown 1%

- FIU added the following areas to consider for re-opening their campus:
- Increasing cleaning;
- Early start of the semester pivot to all online by Thanksgiving missing the flu season; Number of students per f2f classes based on size of classroom by physical distancing requirements;

- Provide masks to all;
- Lower number of students at the dorms;
- Graduate classes online;
- Paying attention to new students and seniors for some f2f classes;
- Intentional, comprehensive, and intensive supplemental training and support for faculty to improve online classes;
- Technological support for classes that will be f2f and online streaming at the same time;
- Assessment of which faculty and staff must work remotely; Plan for rotation of staff in offices;
- Signaling at stairs for one direction movement; and Plexiglass as barriers in appropriate high volume of service areas.
- Source:https://www.fiu.edu/coronavirus/?utm_source=mainpage&utm_medium=banner&utm_campaign=yellow-banner#1

Tribal Institutions

Salish Kootenai College, Pablo, MT

- Population (2017)
  - Total Students: 816
    - Bachelor's degree: 249
    - Associate degree/Certificate/Other: 567
  - Enrollment by Race/Ethnicity
    - American Indian 79.3%
    - Non-Indian 20.7%
- Fall plans not on website yet: Information from Spring:
  - The majority of activities (classes, meetings, consultations, etc.) are virtually conducted. However, some campus operations are still being conducted in person. Social Distancing measures are in place.
  - Faculty, staff, and students will need to maintain a distance of at least 6 feet from each other.
  - COVID-19 Emergency Student Funding
    - The COVID-19 Emergency Funding is available to you as a student to help pay for food, housing, Internet access, and other needs that are impacting your need to work on your education. We have a limited amount of money available, and there is a review committee that will determine how to distribute these funds. Completing this application does NOT mean that you will receive funding.
- Source: https://www.skc.edu/skc-covid-19-status-and-updates/

Institutes of American Indian Arts, Santa Fe, New Mexico

- Population (2019)
  - Total Students: 614
    - Undergraduates: 338
    - Graduate/Other: 276
  - Enrollment by Race/Ethnicity
    - American Indian/Alaska-63.4%

        - Black/African American-.2%
        - Hispanic of any race-10.6%
        - Asian- .5%
        - White/Caucasian- 11%
        - Native Hawaiian/Pacific Islander- 0%
        - Two or more Races-6.7%
        - Unknown-7.2%
- Have a campus wide guidance and principles document which includes:
    - Social distancing protocols will be required to minimize close contact—six feet or more in distance must be maintained when interacting with other people.
    - Facial coverings are required in all public areas when social distancing cannot be maintained or guaranteed.
    - Hand hygiene is required—frequent washing with soap and water or using hand sanitizer.
    - Use signage and other communications to remind students, faculty, and staff regarding the utmost importance of social distancing, hand hygiene, and respiratory etiquette.
    - Protective equipment will be provided, e.g. face coverings, barriers, etc.
    - Environmental cleaning and disinfection will take place several times daily, especially in high traffic areas and on high touch surfaces.
    - Individual office spaces and desks cannot be shared, and maximum capacity will be reduced for conference rooms and common areas to follow social distancing protocols.
    - Meetings in which social distancing cannot be maintained will require the use of virtual Zoom technology or other web-based video conferencing tools.

Source: https://iaia.edu/message-from-dr-martin-about-covid-19/

Monitoring and Evaluation Considerations for K-12 Schools and Institutions of Higher Education (IHE)

As schools and IHE across the country plan for Fall re-opening, we need to think proactively about how we will monitor implementation of testing and mitigation strategies and evaluate the associated outcomes. This document outlines mitigation strategies commonly found in school re-opening plans and as outlined in CDC guidance, potential evaluation questions schools and IHE can consider prioritizing in the early days of reopening, and proposed indicators school and IHE can consider monitoring across several domains of COVID-19 reality. Together, these provide an overarching approach for the monitoring and evaluation of various interventions and their impacts for continuous quality improvement as schools navigate re-opening.

As schools and IHE across the country make plans for Fall re-opening, monitoring and evaluation of the implementation and impact of COVID-19 testing and mitigation strategies will be essential to inform continuous quality improvement of these interventions. This document outlines common mitigation strategies based on CDC considerations for K-12 and IHE as well as potential evaluation questions and indicators.

Common Mitigation Strategies in K-12 Schools and Institutions of Higher Education:

- Staying home when sick or self-isolating when appropriate
- Hand hygiene and respiratory etiquette
- Cloth face coverings
- Adequate hygiene supplies (e.g., soap, hand sanitizer, tissues)
- Signs and messages that promote everyday protective measures and describe how to stop the spread of germs
- Cleaning and disinfection, as outlined by CDC guidance
- Avoiding shared objects
- Adequate ventilation
- Modified layouts to support social distancing
- Physical barriers and guides
- Limiting use of communal spaces
- Modified food service practices

Potential Evaluation Questions:

1) How are K-12 Schools and Institutions of Higher Education implementing COVID-19 mitigation strategies to test for, contain, and slow the spread of COVID-19 and help keep students and faculty/staff safe?
2) How have K-12 Schools and Institutions of Higher Education adapted their learning methods to help prevent the spread of COVID-19?
3) What are the key drivers for making decisions around school reopening or virtual classes?
4) What are the key drivers or factors administrators consider when choosing between different models of structuring in-person and virtual learning (e.g., staggering students at different intervals within cohorts)?
5) How have K-12 Schools and Institutions of Higher Education prepared for cases of COVID-19 among their students, faculty, and staff?

Potential Indicators for K-12 Schools and IHE to consider

*Note: Individual schools will need to consider data sources that meet their specific needs

Community and School Burden:

- Total and incident COVID-19 tests/cases/hospitalizations/deaths among students and staff
- Number of COVID-19 testing sites available for students and staff
- Number of students, faculty, and staff using a COVID-19 symptom tracking apps

Mitigate to Help Keep Students/Faculty/Staff Safe:

- COVID-19
    - Number/proportion of public spaces, workplaces, businesses, schools or homes practicing appropriate cleaning and disinfection practices
    - Number/proportion of students, faculty, and staff that report always or almost always using cloth face coverings outside the home in the last week and when social distancing is not possible
    - Number/proportion of students, faculty, and staff reporting washing hands in accordance with CDC guidance to prevent coronavirus
    - Number/proportion of students, faculty, and staff engaging in physical (social) distancing as directed by CDC guidance
    - Number/proportion of students, faculty, and staff who has engaged in home cleaning behaviors in the past month
    - Number of schools that have reduced class sizes to allow for physical distancing
    - Number of schools that have increased classroom space to allow for physical distancing
    - Number of shared housing facilities (e.g., IHE residence halls) that are open at lower capacity and shared spaces are closed
    - Number of school athletic teams that limit any nonessential spectators as much as possible
- Indicators of Social/Behavioral/Mental Health Consequences of COVID-19
    - Number/proportion of students, faculty, and staff who have used telehealth services for non-COVID-19 healthcare needs
    - Number/proportion of students, faculty, and staff who report feeling stress related to COVID-19 has had a negative impact on their mental health
    - Number/proportion of students, faculty, and staff who have sought mental health care or resources for stress and coping related to COVID-19
    - Number/proportion of students, faculty, and staff reporting feelings of resilience
    - Number/proportion of suicide ideation/attempts
    - Number of students who have increased use of tobacco, alcohol and other substances
    - Number of students, faculty, and staff who feel safe from transmission of COVID-19 in school settings

Contain:

- Number/types of educational sessions provided to students, faculty, and staff on COVID-19, including what to do if you think you are infected
- Number/proportion of students able to receive education online if needing to self-isolate
- Number/proportion of students, faculty, and staff who report deciding not to travel or changing travel plans due to COVID-19

- Percent change in community movement/mobility (e.g., time spent at home, distance traveled, and by destination such as transit stations, retail/ recreational, and worksites)
- Number/proportion of schools that report practicing appropriate cleaning and disinfection practices

Additional Resources:

These additional resources are included because there are likely other tools that families and administrators may be consulting. Some of the practices that these resources recommend may also be worth advancing.

ACHA:https://www.acha.org/documents/resources/guidelines/ACHA_Considerations_for_Reopening_IHEs_in_the_COVID-19_Era_May2020.pdf

- The American College Health Association (ACHA) created a "Considerations for Reopening Institutions of Higher Education in the COVID-19 Era" that provide guidelines for IHE to minimize the risk of COVID-19 infections. Considerations are organized by the following categories:
    - Public Health Considerations: Containment and Surveillance Capabilities
    - The Workforce- Employee, Supervisor and Facility Considerations
    - Instruction and Learning Environments
    - Student Health Services- Patient Care, Facility and Administrative/Staff Considerations
    - Health Promotion
    - Mental Health
    - Other Key Campus Areas: Housing, Dining, Athletics, Recreational Programs, Facilities and Club/Intramural Sports
    - Communications Plan: Elements of Effective Messaging and Communication
    - International Travel
- The document suggests that IHEs should evaluate the feasibility of these recommendations depending on their own campus resources, capacity, demographics and environment. It is unclear if they plan to collect data and evaluate these considerations.

Johns Hopkins: https://www.centerforhealthsecurity.org/our-work/publications/covid-19-planning-guide-and-self-assessment-for-higher-education

- The Johns Hopkins Center for Health Security, the Council for Higher Education Accreditation (CHEA), and Tuscany Strategy Consulting (TSC) have created a self-assessment calculator and accompanying toolkit to support IHEs as they assess readiness to open. The interactive Excel spreadsheet calculates baseline risk scores based on institution characteristics (e.g. class size, residence characteristics, transportation systems, etc.) and the impact of a series of mitigation steps on risk scores across multiple domains (e.g. policies and procedures, connections to public health infrastructure, communication systems, public health and safety measures, residences, dining services, extracurricular activities, cleaning, and travel/transportation).
- It is unclear whether JHU and partners have plans to collect data among IHEs to assess baseline risk and mitigation. As a potential area of partnership, there would be value in aggregating de-identified data to assess baseline risk and preparedness among IHEs, by institution type (community college, public, private, etc.).